

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 AUG 15 AN 8:48

Please type or print legibly. NOTE: See Instructions on reverse before filling. SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned	use(s) in the transaction of
business is:,	
PALCO LANDSC	APE
2. The true name(s) and business address(es) of the er	ntity or individual(s) doing
2. The true name(s) and <u>business</u> address(es) of the or	inty, or maintaudito, assuig
business under the assumed business name:	O Life Address
<u>Name</u>	Complete Address
ALBERTO MEAMILLO 279	West 20th STREET
MARISON YARAMIUO [DAI	HOAKE ID
	83402
3. The general type of business transacted under the a	ssumed business name is:
☐ Retail Trade ☐ Transportation and Pub	lic Utilities
Hetail ridde	
☐ Wholesale Trade ☐ Construction ☐ Wholesale Trade	CAPT
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Maille alla 420100 100 10.
·	Secretary of State
4. The name and address to which future	700 West Jefferson
correspondence should be addressed:	Basement West
ona West 2014 TIDEST	PO Box 83720
219 NEST WEST	Boise ID 83720-0080
100 fous 10	208 334-2301
Q8407	200 004-2001
Conce	
5. Name and address for this acknowledgment	Phone number (optional):
CODY is (if other than # 4 above):	
· ·	and the second s
	Secretary of State use only
-0 1	
(Mantato an Max)	
Signature: (1) (1) (2) (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	IDAHO SECRETARY OF STATE
1 188	08/15/2008 05:00
Printed Name: ALBERTO JARAMICLO	CK: 1446 CT: 158010 BH: 1131747