



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.

2007 JUL -9 AM 8:38

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

LEAVELL LAWN & TREE SERVICE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
ALONZO (LONNIE) B. LEAVELL	P.O. BOX 54, GOODING, ID 83330
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

LEAVELL LAWN & TREE SERVICE
 P.O. BOX 54
 GOODING, ID 83330

Phone number (optional):

208-934-8543

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Lonnie Leavell
(signature required)
 Printed Name: LONNIE LEAVELL
 Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
 07/09/2007 05:00
 CK: 5496 CT: 185380 BH: 1864461
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D 113083