



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**  
**2018 MAR -8 PM 3:27**  
**SECRETARY OF STATE**  
**STATE OF IDAHO**

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

Beast Mowed Lawn Care

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Michael Smith 3811 Buckingham Dr Boise ID 83704  
 (Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Michael S Smith  
 (Name)  
3811 Buckingham Dr  
 (Address)  
Boise ID 83704  
 (City) (State) (Zipcode)

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

\_\_\_\_\_  
 (Name)  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 (City) (State) (Zipcode)

Printed Name: Michael Smith

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/08/2018 05:00

CK:17052290 CT:172099 BH:1631240

10 25.00 = 25.00 ASSUM NAME #2

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