

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 AN 27 All 8: 53

Please type or print legibly.

NOTE: See instructions on reverse before filing SECRETARY (IF STATE OF 10.140)

Eagle	Green Lawn Services
The true name(s) and business addre business under the assumed business	s name:
Name	Complete Address
Michael Knueven	600 W Willow Trace Drive
	Eagle ID 83616
	208 939-3904
3. The general type of business transact	ed under the assumed business name is:
Retail Trade Transpor Wholesale Trade Construct	tation and Public Utilities ction
Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Assumed Business
4. The name and address to which future correspondence should be addressed	· · · · · · · · · · · · · · · · · · ·
Michael Knueven	PO Box 83720
600 W Willow Trace Drive	Boise ID 83720-0080 208 334-2301
Eagle, ID 83616	
5. Name and address for this acknowled	dgment Phone number (optional):
COPY IS (if other than # 4 above).	208 939 3904
Same as number 4	
	Secretary of State use only
gnature: Michel Kenn	Source State So
(signāture required) nted Name: Michael Knueven	Pormstabn form
pacity/Title: Owner	Rewi
(see instruction # 9 on hook of fame)	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

1/27/2006 05:00

CK: 1003 CT: 158010 BH: 934448

1 0 25.00 = 25.00 ASSUM NAME # 2

