



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

10/07/15 PM 8:42

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

SPECIALTY LAWNS AND LANDSCAPING

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

HECTOR GONZALEZ JR

6 WEST 317 SOUTH JEROME, ID 83338

JOSE SARAIVIA

1002 SOUTH CLEVELAND JEROME, ID 83338

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 checked="" type="checkbox"/> Construction             |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

HECTOR GONZALEZ JR

6 WEST 317 SOUTH JEROME, ID 83338

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

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

Signature: [Signature]

Printed Name: Hector Gonzalez Jr

Capacity/Title: OWNER

Signature: [Signature]

Printed Name: Jose Saravia

Capacity/Title: CO-Owner

IDAHO SECRETARY OF STATE  
05/15/2012 05:00  
CK: 165700122 CT: 150010 BH: 1324172  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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