

Printed Name:

Capacity/Title:__

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. Instructions are included on back of application.

FILED EFFECTIVE

2015 MAR 30 AM 11: 52

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the und business is: TREE REVIVAL R	- ,,
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam Name Francis Ruth Wilson	, , ,
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Francis Ruth Wilson 1574 Gunset Arabe (aldwell TO 83605	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	
Signature: Francis FW 18m Printed Name: Francis F Wils m Capacity/Title: Owner Operative Signature:	Secretary of State use only IDANO SECRETARY OF STATE 03/30/2015 05:00 CK:CASH CT:158010 BH:1468527 16 25.00 = 25.00 ASSUM NAME #

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