CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of ar	n Assumed Business Name.
 The assumed business name which the business is: 	undersigned use(s) in the transaction of
Mowing co.	
The true name(s) and business address business under the assumed business in the second	s(es) of the entity or individual(s) doing
Name	Complete Address
David M.Zarr	8373 (hinden #17 Boise ID. 83714
	Boise ID. 83714
The general type of business transacted (mark only those that apply)	·
☐ Retail Trade ☐ Manufactu☐ Wholesale Trade ☐ Agriculture☐ ☐ Constructi☐	e
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 377-86 5 6
Same #2	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson 700 West Jefferson 8asement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE
7 ./ 2 . /	80 /25 /4 000 BO - 69

CK: 484 CT: 111614 BH: 191322

1 @ 26.60 = 26.00 ASSUM NAME # 2

23480

Signature: //ww/ Printed Name: Capacity:

(see instruction #8 on back of form)