

Signature:

Printed Name:

Signature: ___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2015 OCT 14 AM 8: 50

KNOX LANDSCA	PING CREAT	IONS			
The individual and the assumed busi	•		• •	se doing business ur	nder
Matthew Knox	23	Fruitland ID 83619	9		
(Name)	(Address)				
Betty Knox		2358 NW 2nd Ave Fruitland ID 83619			
(Name)	(Add	drese)			
(Name)	(Ad	dress)			
(Name)	(Ad	dress)			
	de [] Agriculture] Manufacturing	☐ Minin ☐ Finan	g ce, Insurance, and R	eal Estate
Mailing address for	future corres	pondence;	5. Name and accopy is (if other	ddress for this acknown than # 4):	wledgment
Matthew Knox					
(Name)			(Name)		
2358 NW 2nd Ave)		(Address)		
Fruitiand	ťD	<i>63619</i>	(mariticos)		
(City)	(State)	(Zipcode)	(City)	(State)	(Zipaode)
inted Name: Matthew Knox			Secretary of State use only		
inted Name: Matthe	w Knox		1	secretary or state use only	
				secretary or state use only	
rinted Name: <u>Matthe</u> gnature: <u>Matt</u>)				IDAHO SECRETARY OF	3 W Z W F

Rev. 08/2015

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