



**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.**

**NOTE: See instructions on reverse before filing.**

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

## Landscaper's Edge

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Lance S. Waltman

Complete Address  
1165 Galena Dr.  
Twin Falls, id  
83301

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation
<input type="checkbox"/> Wholesale Trade	<input 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	

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

**Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080**

(208) 334-2301

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

Landscape's Edge  
1165 Galena Dr.  
Twin Falls, ID 83301

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

1. *What is the name of the author?*

*A. S. S.*

ire: John G. Jeffers  
(signature required)

(see instruction #8 on back of form)

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**Secretary of State use only**

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04/14/2008 05:00  
CK: 24 CT: 158818 BH: 1109746  
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