

Printed Name: //

Capacity/Title:\_\_

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

05 AUG 15 AM 10: 49

## Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigne business is:    Kretchman's Lawr Care +	
2.	The true name(s) and <u>business</u> address(es) of the elements under the assumed business name:  Name  Wesley Aller Kretelman 841	Complete Address
3.	The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Agriculture  Submit Continue	
	Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4.	The name and address to which future correspondence should be addressed:  SAME AS ADOVA	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 377 - 2006
rnal	sign page 2	Secretary of State use only

IDAHO SECRETARY OF STATE **08/15/2005 05:00**CK: CASH CT: 158010 BH: 986252

1 @ 25.00 = 25.00 ASSUM NAME # 2

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