

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

Printed Name: _____

Signature:

FILED EFFECTIVE 2817 AUG 25 AM 8: 57 SECRETARY OF STATE

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1.	The assumed business name which the undersigned use(s) in the transaction of business is:						
	Legacy Lawn Care						
					-		
2.	The individual and/or entity names and business address(es) of those doing business under						
	the assumed business name (do <u>not</u> include the name you listed in #1):						
	Wayside Inc		1461N 1425E Terreton. Idaho, 83450				
	(Name) (Address)						
	(Name) (Name)		(Address)				
	(Name) (Addre		Address)	ress)			
	(Name)		Address)				
3.	The general type of business transacted under the assumed business name is:						
			Construction ■ Cons	☐ Transportation and Public Utilities			
	Wholesale Trade Agriculture		☐ Minir	•	Cundoo		
	⊠ Services		Manufacturir	ng 🗌 Finan	ce, Insurance, and F	Real Estate	
4.	Mailing address for future correspondence: 5. Nam				me and address for this acknowledgment		
				copy is (if other than # 4):			
	James Wheeler			Thomas Wheeler (Name)			
	(Name) 1055 Wilson Ave Trlr 19		P.O. box 113				
	(Address)			(Address)			
	Pocatello (City)	Idaho (State)	83201 (Zipcode)	Terreton (City)	Idaho (State)	83450 (Zipcode)	
	(Ony)	(State)	(Zipanie)	(Oily)	(Otello)	(Zipode)	
Dri	inted Name: Jame	s Wheeler		Secretary of State use only			
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Siç	gnature:	W			IDAHO SECRETARY O	ድ ቋሞልጥድ	
Pr	inted Name: Thon	nas Wheeler			08/25/2017 05:00		
	gnature:	1/1			3651 CT:170839 5.00 = 25.00 AS:		
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Rev. 08/2015