



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

09 SEP 10 AM 8:30

Please type or print legibly.

SECRETARY OF STATE

NOTE: See instructions on reverse before filing. STATE OF IDAHO

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

Acom Tree Service

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

Name

Complete Address

Jerel Claunch

585 Peach Springs St. Meridian, ID 83646

Pam Claunch

585 Peach Springs St Meridian, ID 83646

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <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:

Jerel Claunch

585 Peach Springs St.

Meridian, ID 83646

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

Secretary of State use only

Signature: _____

Pam Claunch
(signature required)

Printed Name: _____

Pam Claunch

Capacity/Title: _____

Manager

(see instruction # 8 on back of form)

g:\corporate\labn\forms\labn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
09/10/2009 05:00
CK: 763 CT: 150010 BH: 1106491
1 @ 25.00 = 25.00 ASSUM NAME # 2

D133429