## FILED EFFECTIVE

## **CERTIFICATE OF** ASSUMED BUSINESS NAMEEB -7 PM 4: 39

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

. The assumed business name which the und business is:	lersigned use(s) in the transaction of
Ground Effects Landscaping	g and Maintenance Services
t. The true name(s) and business address(es) business under the assumed business name Name  Michael L. Peden	
The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Michael Peden 4107 Vera St. Boise, Idaho 83704	der the assumed business name is:  and Public Utilities  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
5. Name and address for this acknowledgmer copy is (if other than # 4 above).  Hature:	Secretary of State use only  Secretary of State use only  COUNTY OF STAT
acity/Title:Owner	Pologi Rei

Signature: 2

Printed Name: \_

Capacity/Title:\_

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

22/27/2008 05:00

CK: 1453209 CT: 172099 BH: 1098673
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