

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

**FILED EFFECTIVE**  
**00 APR -7 AM 10:30**  
 SECRETARY OF STATE  
 STATE OF IDAHO



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

Lawn Doctor of Soda Springs, Blackfoot, Pocatello

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

Name	Complete Address
<u>Larry N Stoor</u>	<u>311 Chateau Thierry</u>
<u>Angela M Stoor</u>	<u>311 Chateau Thierry</u>
	<u>Soda Springs Id. 83276</u>

3. The general type of business transacted under the assumed business name is:  
 (mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

311 Chateau Thierry  
Soda Springs Id.  
83276

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Submit Certificate of  
 Assumed Business  
 Name and \$20.00 fee to:

Secretary of State  
 700 West Jefferson  
 Basement West  
 PO Box 83720  
 Boise ID 83720-0080  
 208 334-2301

IDAHO SECRETARY OF STATE

04/07/2000 09:00  
 CK: 92 CT: 12977 BN: 306931

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 34794

Signature: Larry N Stoor

Printed Name: Larry N. Stoor

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)