



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.

FEB 23 PM 1:22
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

CUSTOM Landscape & Design

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

<u>Name</u>	<u>Complete Address</u>
<u>DAVID J. CEREGHINO</u>	<u>510 Ashton Dr.</u>
<u>DEBORAH E. CEREGHINO</u>	<u>Meridian ID</u>
	<u>83642</u>

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 checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

453 E. SEDGWICK ST
Meridian ID. 83642

Submit Certificate of Assumed Business Name and \$25.00 fee to:

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):

HUBB #

Phone number (optional):

208) 887-3477

Signature: [Signature]
(signature required)

Printed Name: DAVID CEREGHINO

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

D93371

IDAHO SECRETARY OF STATE
02/23/2004 05:00
CK: 22312237582SLD CT: 172099 BH: 728781
1 @ 25.00 = 25.00 ASSUM NAME # 2