

Signature: ____

Capacity/Title:

Printed Name:

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.

Please type or print legibly.

Instructions are included on back of application.

SECTION OF STAT

1. The assumed business name which the undersigned use(s) in the transaction of business is: Rustic Outlook Landscape Design 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 4186 Christy Ln., Ammon, ID 83406 Lei Lani Toelcke 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade ✓ Services ✓ Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Lei Lani Toelcke Boise ID 83720-0080 4186 Christy Ln. 208 334-2301 Ammon, ID 83406 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature: Printed Name: Lei Lani Toelcke Capacity/Title: Owner

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