



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2006 APR 19 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

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

Valley Lawn Care

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

James Walker
Lynette Walker

1055 S. 1200 E.
Eden, ID 83325

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	

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

Valley Lawn Care
1055 S. 1200 E.
Eden, ID 83325

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):

Phone number (optional):

Signature: James Waller
(signature required)

Printed Name: James Walker

Capacity/Title: Owner

(see instruction # 8 on back of form)

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

Secretary of State use only

IDaho SECRETARY OF STATE
04/19/2006 05:00
CK: 95 CT: 158818 BH: 949984
1 @ 25.00 = 25.00 ASSUM NAME # 2

1) 98925