FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 MAY -8 AM 9: 34

SECRETARY OF STATE STATE OF IDAHO

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

REA L	ANDSCAPING
The true name(s) and business address business under the assumed business n Name RAYMOND SACCOMANNO	(es) of the entity or individual(s) doing ame: Complete Address 83 ANSELMO LANE PRIEST RIVER ID 83856
3. The general type of business transacted	
Wholesale Trade	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
 Name and address for this acknowledgm copy is (if other than # 4 above). SAME	nent
	Secretary of State use only
nature: Taymord Succession (signature required) nted Name: RAYMOND SACCOMANNO Dacity/Title: OWNER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STA

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