

## **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.

(see instruction #8 on back of form)

09 JULY 13 AM 8:28

SECRETARY OF STATE STATE OF IDAHO

|  | e men e de la companya de la company |             |
|--|--|-------------|
| The assumed business name which the undersign        | ed use(s) in the transaction of  |             |
| business is:   |  |             |
| Beyond the La  | $\omega \cap$  |             |
|  |  |             |
| 2. The true name(s) and business address(es) of the  | entity or individual(s) doing  |             |
| business under the assumed business name:            |  | 1           |
| Name   | Complete Address   |             |
| Christabela Jerone 442                               | 25 W. Kidd Island 16   | 2d.         |
|  | peurdAlene, Id.  |             |
|  | 8381   | <u>u</u> –  |
|  |  |             |
| 3. The general type of business transacted under the | assumed business name is:  | n.          |
| Tropoportation and Di                                | delle f lattiste   |             |
| Retail Trade Transportation and Pu                   | iblic Othines  |             |
| Wholesale Trade Construction                         |  |             |
| Services   | 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              | Idaho Secretary of State   |             |
| correspondence should be addressed:                  | 450 N 4th Street<br>PO Box 83720   | 4           |
| Beyond the Lawn,                                     | Boise ID 83720-0080  |             |
| 4475 W. Kidd Island Rd.                              |  |             |
| Coguid Aleve, Id.                                    | (808) 334 4501   |             |
| 83614  |  |             |
| E bloom and address for this paint and describe      |  |             |
| 5. Name and address for this acknowledgment          |  |             |
| COPY is (if other than # 4 above):                   |  |             |
|  |  | 100         |
|  | Secretary of State use only  |             |
|  |  |             |
|  |  |             |
| Signature: CM/RICLE NO 12 3                          | IDANO SECRETARI<br>@7/13/2084  | OF STATE    |
| (signalure required)                                 | CK: 1002 CT: 158018<br>1 0 25.00 = 25.00   | BH: 1178483 |
| Printed Name: Christabela Jerame                     | LJ106  | HOUR THE S  |
| Capacity/Title: CWN PV                               |  |             |

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