

## **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.

2007 MAY 23 AM 8: 54

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

(see instruction #8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is:	
MaGic Valley 1	awn Care
The true name(s) and <u>business</u> address(es) o business under the assumed business name:     Name	
The general type of business transacted under	er the assumed business name is:
□ Retail Trade □ Transportation a □ Wholesale Trade □ Construction □ Services □ Agriculture □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed: □ 27/ Dubois □ Twin Fulls ID, 8330/	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgmen copy is (if other than # 4 above).</li></ol>	Phone number (optional): 736-4664
	Secretary of State use only
Signature: A Cary Control Name: Ron Ruggles Capacity: 451000000000000000000000000000000000000	IDAHO SECRETARY OF STATE  100000000000000000000000000000000000