

Printed Narhe:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 MAY -4 AM 9: 29

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| business is: T+T'S Lawn Monster 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: | |
|---|--|
| James Halstead | Complete Address 310 N 1100 W 3hckfoot, ID 83221 |
| 3. The general type of business transacted under the assumed business name is: Retail Trade | |
| Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: | Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street |
| Blackfoot, ID 33221 | PO Box 83720 Boise ID 83720-0080 (208) 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | A A A A A A A A A A A A A A A A A A A |
| ggdunge | Secretary of State use only |

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IDAHO SECRETARY OF STATE 05/04/2009 05:00 CK: 198 CT: 158810 BH: 1168909 1 8 25.80 = 25.80 ASSUM NAME # 2

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