

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name

May 27 12 52 PM

SECRETARY OF STATE

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

SAFARI LAWN CARE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>GREG MOWER</u>	<u>7249 W. COLONIAL DR. BOISE</u>
<u>CHRISTY MOWER</u>	<u>" 83709</u>
<u>JEFF MOWER</u>	<u>"</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): 373-7906

SAFARI LAWN CARE
7249 W. COLONIAL DR. D303
BOISE, ID 83709

5. Name and address for this acknowledgment copy is (if other than # 4 above):

same

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

Signature:

Christy Mower

Printed Name:

CHRISTY MOWER

Capacity:

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 05/27/1997

0900 96194 2

CK #: cash CUST# 81985

ASSUM NAME 1@ 20.00= 20.00

: D 4863

Revision 2/97

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