

Capacity/Title: OM/10

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

	SEE OFFE THE
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business Na Please type or print legibly. NOTE: See Instructions on reverse before filing.	gned
 The assumed business name which the undersigned business is: Lands cape The true name(s) and business address(es) of the business under the assumed business name: 	i মপ্র entity or individual(s) doing
Name Uplian Flores 15 Cold	Complete Address O 9 N /a (resta que Muel I ID 83 605 assumed business name is:
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State
4. The name and address to which future correspondence should be addressed:	450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
copy is (if other than # 4 above): The lian Flores 1509 N la Cresta ave Coldwell 10 83605	Secretary of State use only
Signature: (dignature required) Printed Name: 1/Ulian Flores	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

12/24/2007 05:00

CK: 151 CT: 228818 BH: 1891481

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