Printed Name:

Capacity/Title: <u>OWner</u>

(see instruction # 8 on back of form)

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.



Independent Tree Service	
The true name(s) and business address(es) of business under the assumed business name:  Name  John T. Lancaster  Margaret & Lancaster	Complete Address
. The general type of business transacted under	er the assumed business name is:
Retail Trade   Transportation a   Wholesale Trade   Construction   X Services   Agriculture   Manufacturing   Mining   Finance, Insurance, and Real Estate    The name and address to which future correspondence should be addressed:    The name and Trace Service   4571   Yorgason   Way   Boise, ID   83703	Submit Certificate of Assumed Business Name and \$20.00 fee to: 25.00 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>	t Phone number (optional):
nature: In () Januarum	Secretary of State use only

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IDAHO SECRETARY OF STATE

03/09/2004 05:00

CK: 7588 CT: 158818 BH: 731676

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