

(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.

## FILED EFFECTIVE

03 SEP 22 PM 4: 57

SECRETARY OF STATE STATE OF IDAHO

D 67089

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

<ol> <li>The assumed business name which the urbusiness is:         \( \sum_{\text{LANDCARE}} \)         \( \sum_{\text{LANDCARE}} \)     </li> <li>The true name(s) and <u>business</u> address(establishess under the assumed business named busi</li></ol>	s) of the entity of the second
<u>Name</u> <u>Joseph FithIAN</u>	Complete Address  1419 Holly St. NAMPA TD 83686
The general type of business transacted un	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
copy is (if other than # 4 above):	t Phone number (optional):
	Secretary of State use only
Printed Name: Soseph FITHIAN Capacity/Title: OWNER	IDAHO SECRETARY OF STATE  99/23/2003 05::00  CK: CASH CT: 158018 BH: 762996  1 @ 25.00 = 25.00 ASSUM NAME # 2