CERTIFICATE OF ASSUMED BUS (Please type or print legibly. See instruction	is on reverse.)
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO, EDIE Pursuant to Section 53-504, Idaho Code, the undersigned of the section of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of business is: ARROWHEAD LAWN COMPANY	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Complete Ad	
Jim MillER 110	11 WEST TIDEWATER CT
3. The general type of business transacted unde	
☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☒ Services ☐ Construction	☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining ☐ 708-278-8794
correspondence should be addressed:	one number (optional):208-378-8794
11011 WEST TIDEWATER CT BoisE, ID 83713	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	/ 04/10/2000 09:00 / 04/10/2000 09:00
Signature:	1 0 20.00 = 20.00 ASSUM WAVE # 2
Printed Name: Jim MillER	· · · · · · · · · · · · · · · · · · ·
Capacity: OWNER (see instruction # 8 on back of form)	Cooplom stable pring
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