



# 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.**

**FILED EFFECTIVE**

FEB 25 PM 12:09

CLERK OF STATE  
STATE OF IDAHO

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

INSPIRED GARDENS & LANDSCAPE

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

Name

Complete Address

MITCHELL E. HINTZE

199 E. WOOD OWL DR

KUNA, ID. 83634

3. The general type of business transacted under the assumed business name is:

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

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

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

MITCHELL HINTZE

199 E. WOOD OWL DR.

KUNA, ID. 83634

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

Phone number (optional):

(208) 922-1504

Signature: Mitch Hintze

(signature required)

Printed Name: MITCH HINTZE

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn forms\labn.p65  
Revised 09/2002

IDAHO SECRETARY OF STATE  
02/25/2003 05:00  
CK: CASH CT: 150010 BH: 664934  
1 @ 20.00 = 20.00 ASSUM NAME 12

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