227	FILED
CERTIFICATE OF ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. NOTE: See instructions on reverse bef	S NAME the undersigned Business Name
1. The assumed business name which the ur business is: Eagle lawn Care + v	ndersigned use(s) in the transaction of Maintenance
2. The true name(s) and business address(ex business under the assumed business nar Name Larry Davis	s) of the entity or individual(s) doing me: Complete Address <u>226 Merr 111 Martin Rd</u> <u>Sage Id 938600</u>
<ul> <li>3. The general type of business transacted ur</li> <li>Retail Trade</li> <li>Transportation</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed</li> <li>Larry</li> <li>DAU, S</li> <li>DAU</li></ul>	nder the assumed business name is: n and Public Utilities 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
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	208 - 263 - 96911 Secretary of State use only
Signature: <u>have basis</u> Printed Name: <u>Larry</u> <u>DAys</u> Capacity/Title: <u>Owner</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 07/27/2005 05:00 CK: 1012 CT: 154010 BH; 823465 1 0 25.00 = 25.00 ASSUM NAME # 2 D 9 0047