

Printed Name:

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

12 JAN 12 AM 8: 49

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Instructions are included on back of application.

 The assumed business name which the undersigned use(s) in the transaction of business is: Alfredo's Lawn Service 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name Alfredo Machen 925 N 9th St Payette, ID 83661 3. The general type of business transacted under the assumed business name is: ☐ Transportation and Public Utilities Retail Trade Construction Wholesale Trade ✓ Services ✓ Agriculture Submit Certificate of Manufacturing L. Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25,00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Aifredo Machen Boise ID 83720-0080 925 N 9th St 208 334-2301 Payette, ID 83661 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature: (Medi) Printed Name: Alfredo Machen Capacity/Title: Owner Signature: ____ IDAHO SECRETARY OF STATE

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01/12/2012 05:00

CK: 184572873628 CT: 158818 BH: 1385845
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