

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:

## FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAMS

1.	The assumed business name which the undersigned use(s) in the transaction of business is:  HABITAT landscape architecture			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):			
	Sherrerd and Wall Constru	c PO Box 7114 Ketch	num	, Idaho 83340
	(Name) W19296			
	Karen M Sherrerd	PO Box 1536, Sun	Vall	ley Idaho 83353
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	☐ Retail Trade ☐ Wholesale Trade	Construction Agriculture		<ul><li>Transportation and Public Utilities</li><li>Mining</li></ul>
	✓ Services	Manufacturing		Finance, Insurance, and Real Estate
<b>1</b> .	Mailing address for future co	orrespondence:	5.	Name and address for this acknowledgment copy is (if other than #4):
	Karen M Sherrerd			
	(Name)			(Name)
	PO Box 1536			
				(Address)
	Sun Valley, Idaho 83353 (City) (State) (Zipcode)			(City) (State) (Zipcode)
	(Oily)	(zipoda)		(State) (Zipcotta)
Printed Name: KAREN M SHERRERD				Secretary of State use only
Signature: Kaun M. Shunud				IDAHO SECRETARY OF STATE
Printed Name:				05/26/2017 05:00 CK:2003 CT:340264 BH:1586103
Siç	nature:			10 25.00 = 25.00 ASSUM NAME #2
) Pri	Printed Name:			N194711

Rev. 08/2015