

Printed Name: _____

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

SECRETARY OF STATE

STATE OF IDAHO

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: SH Lawn Care 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Sergio Huerta 705 Purple Sage Dr Yuri Blanco Nampa ID 83651 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 ___ 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 Sergio Huerta Boise ID 83720-0080 705 Purple Sage 208 334-2301 Nampa ID 83651 5. Name and address for this acknowledgment CODY is (if other than # 4 above): Secretary of State use only Signature:_ WK Printed Name: "Yuri Blanco Capacity/Title: Signature:

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