

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

98 JAN -5 AM 8:27

SECRETARY OF STATE
STATE OF IDAHO

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

Twin Lawn Mower, A Partnership

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

Name

Complete Address

Wallis R. Wright

2732 Addison Avenue E. Twin Falls, ID 83301

Chris Wright

2732 Addison Avenue E. Twin Falls, ID 83301

Kay M. Wright

2832 Addison Avenue E. Twin Falls, ID 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☒

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☐

Services

☐

Construction

☐

Mining

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

Phone number (optional): _____

Twin Lawn Mower, A Partnership

2732 Addison Avenue East

Twin Falls, ID 83301

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

FIRST SECURITY BANK N.A.

COMMERCIAL LOAN DOCUMENTATION CENTER

P.O. BOX 8203

BOISE, IDAHO 83707

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

Signature: _____

Printed Name: Wallis R. Wright/Kay M. Wright/Chris Wright

Capacity: General Partner/General Partner/General Partner

(see instruction # 8 on other sheet)

Secretary of State use only

IDAHO SECRETARY OF STATE

01/05/1998 09:00
CK: 603051726 CT: 66269 BH: 69559

1 @ 20.00 = 20.00 ASSUM NAME

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