D111518



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before	filing. SECOND STATE OF STATE
1. The assumed business name which the undersigned use(s) in the transaction of business is: Uronica 5 Landscape & Carden Care	
	Complete Address 6 West 420 Worth Shoshonie ID 83352
3. The general type of business transacted under Retail Trade ☐ Transportation a ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ☐ West 420 Noth ☐ Shothore ☐ 8335 ☐	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 acknowledgment copy is (if other than #4 above): // West 420 North	Phone number (optional): 639-4599
Shoshore, ID 83352	Secretary of State use only
Printed Name: Decor, Ca Bo RRAY D Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE ##################################