

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

(see instruction # 8 on back of form)

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The assumed business name which the und business is:	lersigned use(s) in the transaction of SIME
Mendoza Lawn Care and	Yard Maintenance
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Candelarie Mendoza  ———————————————————————————————————	` ` · · · •
3. The general type of business transacted und  Retail Trade Transportation Wholesale Trade Construction	der the assumed business name is:
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Candelario Mendoza  4607 Ashton Av  Calduell ID 83607	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgmer copy is (if other than # 4 above):</li></ol>	Phone number (optional):  (208) 703-9936
	Secretary of State use only
Signature: <u>CAUPECANO</u> <u>MENDOZA</u> Printed Name: <u>CAUPECANO</u> <u>MENDOZA</u>	IDAHO SECRETARY OF STATE    Sold
Capacity/Title: owner	CK: 200076589647 CT: 158010 BH: 1052649