

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

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SECRETARY OF STATE
STATE OF IDAHO

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.

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

Kimberly Nurseries Service Division

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

David F. Lockwood

3544 East 4000 North

Cheryl Lockwood

Kimberly, ID 83341

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): _____

Kimberly Nurseries Service Division

3544 East 4000 North

Kimberly, ID 83341

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: David F. Lockwood Cheryl Lockwood

Capacity: Owners

(see instruction # 8 on other sheet)

Secretary of State use only

IDAHO SECRETARY OF STATE

08/14/1998 09:00
CK: 286854620 CT: 66269 IN: 136757

1 @ 20.00 = 20.00 ASSUM NAME

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