



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 AUG 24 AM 9:32

SECRETARY OF STATE
STATE OF IDAHO

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

Select Cut Tree Service

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Steve Howard 4419 E. Timberland Rd. Athol Id 83801
(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Steve Howard

(Name)

4419 E Timberland Rd

(Address)

Athol

(City)

Id

(State)

83801

(Zipcode)

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

Steve Howard

(Name)

4419 E Timberland Rd

(Address)

Athol

(City)

Id

(State)

83801

(Zipcode)

Printed Name: Steve Howard

Signature: Steve M. Howard

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/24/2015 05:00

CK:9993 CT:159593 BH:1469376
1@ 25.00 = 25.00 ASSUM NAME #2

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