



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

03 APR 15 PM 3:27

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Orchard st. to Broadway Ave. Yard Works

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

<u>Name</u>	<u>Complete Address</u>
<u>Wade Gates</u>	<u>2021 Nez Perce St.</u>
	<u>Boise, Idaho</u>
	<u>83705</u>

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

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

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

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

Wade Gates
2021 Nez Perce St.
Boise, Idaho 83705

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

Phone number (optional):

Secretary of State use only

264404

Signature: Wade Gates

(signature required)

Printed Name: Wade Gates

Capacity/Title: Owner/operator

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
04/15/2003 05:00
CK: CASH CT: 158010 BH: 674903
1 @ 25.00 = 25.00 ASSUM NAME # 2