



# 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.**

**FILED EFFECTIVE**

07 OCT 19 AM 8:14  
SECRETARY OF STATE  
STATE OF IDAHO

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

Serenity View Farms

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

Name

LAWRENCE A. OSTROWSKI

Complete Address

LAWRENCE OSTROWSKI

C/O FAULL RANCH ESTATES - RSA

POB 88 - Horseshoe Bend, ID 83629

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 checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input checked="" type="checkbox"/> Agriculture              |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

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

LAWRENCE OSTROWSKI

1400 N TRAIL CREEK WAY

EAGLE ID 83616

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Signature: \_\_\_\_\_

(signature required)

Printed Name: LAWRENCE A. OSTROWSKI

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\copy\form\assumed\_business\_name.pdf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
10/19/2007 05:00  
CK: 130 CT: 158810 BH: 1881277  
10 25.00 = 25.00 ASSUM NAME # 2

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