227	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business Please type or print legibly.	Signed Name. SECRETARY OF STATE STATE OF IDAHO
Instructions are included on back of application. Instruction. Instruction. Instruction. Instruc	
 The true name(s) and <u>business</u> address(es) of the business under the assumed business name: <u>Name</u> 	
 3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Finance, Insurance, and Real Estate 	
4. The name and address to which future correspondence should be addressed: THE CUTTING EDGE LAWN COUNC PO BOX 140436 BOISE, ID 83714	Secretary of State 450 North 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:	Secretary of State use only
Capacity/Title:	IDAHO SECRETARY OF STATE 03/22/2011 05:00 CK: 634692 CT: 172099 BH: 1265540 1 0 25.00 = 25.00 ASSUM MANE # 2
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