



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.

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SECRETARY OF STATE
STATE OF IDAHO

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

Carlson Tree Trimming

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

Name	Complete Address
Zundel Tree Service LLC	230 N 7th E, St Anthony, ID 83445
<i>W 325 13</i>	

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"/> Services	<input 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:

Carlson Tree Trimming
230 N 7th E
St Anthony, ID 83445

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):

Bank of Idaho
PO Box 126
St Anthony, ID 83445

Secretary of State use only

Signature: *Michael L. Carlson*
(signature required)

Printed Name: Michael L Carlson

Capacity/Title: Manager

(see Instruction # 8 on back of form)

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Revised 10/2003

IDAHO SECRETARY OF STATE
06/19/2009 05:00
CK: 575 CT: 119087 BH: 1175586
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