CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED/EFFECTIVE

	Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, t ssumed B	the undersioned AM to: 06 usiness Name.
1.	The assumed business name which the und business is:		1.1.4.1
	THE CUTTING EDGE LAWN F	7ND 16	ANDSCAPE SERVICE
2.	The true name(s) and business address(es business under the assumed business name) of the er e is/are:	ntity or individual(s) doing
	Sue Patterson	•	Complete Address EDMON LANE CARADE ID 836/)
3.	The general type of business transacted un (mark only those that apply)	der the as	ssumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Placerespondence should be addressed:	hone num	ber (optional): (208)382-7284
	10 REDMON LANE		Submit Certificate of
	CASCADE , IDAHO		Assumed Business Name and \$20.00 fee to:
	83611		Secretary of State
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	t	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		88.	Secretary of State use only
	0 0 11	Revision 12/99	IDANO SECRETARY OF STATE
natu	Name: Sue Patterson	8	05/09/2000 09:00 CX: 515 CT: 111989 BH: 316184
nted	Name: Sue Patherson	£	1 0 20.00 = 20.00 ASSUM NAME # 2

Sign

Prir

Capacity: OWNER

(see instruction # 8 on back of form)

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