

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

2011 JUL -8 PM 2: 15

SECRETARY OF STATE
STATE OF IDAHO

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

Please type or print legibly.
Instructions are included on back of application.

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

~~SIPIET~~ SIEPERT LANDSCAPING & LAWN CARE

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
<u>DUSTIN SIEPERT</u>	<u>635 PARK AVE. # 521 IDAHO FALLS, ID</u>
	<u>83402</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 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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

DUSTIN SIEPERT 635 PARK AVE.
521 IDAHO FALLS, ID 83402

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

Signature: *Dustin Siepert*

Printed Name: DUSTIN SIEPERT

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/11/2011 05:00
CK: 726827 CT: 172899 BH: 1281794
1 @ 25.00 = 25.00 ASSUM NAME # 2

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