

CERTIFICATE OF ASSUMED BUSINESS NAME

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

TIVE TIVE 08 JUN -4 AM 8: 46

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. o instructions on reverse before filing.

The assumed business name which the undersigned business is:	
Deary Saw Lawn + Hardu	are
2. The true name(s) and business address(es) of the er business under the assumed business name: Name	ntity or individual(s) doing Complete Address Soo and Ave. Box ID 83823 Box 66 Deary ID 83823 ssumed business name is:
PO Box 66	(200) 004 200 1
Deary TD 83823	<u></u>
 Name and address for this acknowledgment copy is (if other than # 4 above); 	
	Secretary of State use only
Signature: Souls (signature required) Printed Name: (raia Sankrson)	
	IDAHO SECRETARY OF STATE 06/04/2008 05:00
Capacity/Title: Owner (see instruction # 8 on back of form)	CK: 5547 CT: 226621 BH: 1118122

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