

**FILED EFFECTIVE**

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2011 MAR 25 PM 2:05

SECRETARY OF STATE  
STATE OF IDAHO

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:

EXPEDIENT LAWN CARE

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

<u>Name</u>	<u>Complete Address</u>
<u>JASON L. ANDERSON</u>	<u>5296 MORRIS HILL</u>
	<u>BOISE ID 83706</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 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 |  |

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:

JASON ANDERSON  
5296 MORRIS HILL BOISE  
ID 83706

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

\_\_\_\_\_  
\_\_\_\_\_

Signature: Jason Anderson

Printed Name: JASON ANDERSON

Capacity/Title: SOLE PROPRIETOR

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/28/2011 05:00  
CK: 638558 CT: 172899 BH: 1266344  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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