

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2012 JUL 26 AM 9: 12

## <u>Please type or print legibly.</u> <u>Instructions are included on back of application.</u>

SECRETARY OF STATE
STATE OF IDAHO

	Everblade	Pond and Lawn
2.	The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> David Kippen	
3.	The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
	<ul> <li>✓ Services</li></ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed:  2350 Calico Dr Idaho Falls ID 83402  David Kippen	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent
		Secretary of State use only
_	ture:	
	d Name: David Kippen	
	city/Title: Owner	IDAHO SECRETARY OF STATE
Signa Srinto		U7/26/2012 05:00 CK: CASH CT: 158010 BH: 1333523 1 0 25.00 = 25.00 ASSUM NAME # 2
INIC	ed Name:city/Title:	

bn.omd Rev. 07/2010

D157118