

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

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

## EARTHCARE

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

Name

### Complete Address

GARY L. KREFT

1530 MAPLE

TWIN FALLS, ID. 83301

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

☒ Retail Trade☐ Manufacturing☐ **Transportation and Public Utilities**☐ Wholesale Trade☐ Agriculture☐ Finance, Insurance, and Real Estate

## Services

### Construction

## Mining

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

# EARTHCARE

90 GARY L. KREFT

1530 MAPLE

TWIN FALLS, IDAHO 83301

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

**Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:**

**Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301**

**Signature:**

Printed Name:

**Capacity:**

(see instruction # 8 on back of form)

FROM SECRETARY OF STATE

08/11/1997 09:00  
 CX: 5021 CT: 05501 NH: 20637

1 @ 20.00 = 20.00 ASSUM NONE

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**Revised 2/97**

**QUESTION**