Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

1.	The assumed business name which the ubusiness is: Smith Tree	And So	d		ansaction of
	Smith Tree Atantation &	And		Sod	
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				
	Draid Smith	Complete Address 824 N. 5500 E			
			IF.	IO.	83401
•	The general type of business transacted u (mark only those that apply)		assun	red business	name is:
I .	Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction The name and address to which future F correspondence should be addressed:		Fina Minii	nce, Insuran	ce, and Real I
	☐ Wholesale Trade ☐ Agriculture ☐ Construction The name and address to which future F	hone nu	Fina Minii mber	nce, Insuran ng	icate of siness 20.00 fee to: State iferson est

IDAHO SECRETARY OF STATE
11/07/2002 05:00
CK: 11489 CT: 164799 BH: 644891
1 8 28.00 = 28.00 ASSUM NAME # 2

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