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

To the SECRETARY OF STATE, STATE OF IDAHO

98 FEB - 2 PH 2: 50

Pursuant to Section 53-504, Idaho Code, the undersigned

business is:  Landscap	e Expression:	3
The true name(s) and business address( business under the assumed business n	(es) of the entir ame is/are:	y or individual(s) doing
<u>Name</u> Lizabeth A Echanis	Complete Address 6121 N Drake Way	
	Boi	se, Idaho 83714
<ol> <li>The general type of business transacted (mark only those that apply)</li> </ol>	under the ass	umed business name is:
Retail Trade Manufactu  Wholesale Trade Agriculture  Services Construction	☐ F	ransportation and Public Utilities inance, Insurance, and Real Es lining
I. The name and address to which future correspondence should be addressed:	Phone numb	er (optional):
Tir Fohanis		
Liz Echanis 6121 N Drake Way		Submit Certificate of Assumed Business
6121 N Drake Way	•	Assumed Business Name and \$20.00 fee to:
	nent	Assumed Business
Boise, ID 83714  5. Name and address for this acknowledge		Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Boise, ID 83714  Name and address for this acknowledge	ment	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

(see instruction # 8 on back of form)