

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.

MAR 27 12 16 PM '97
SECRETARY OF STATE
IDAHO



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

A Cut Above Lawn & Landscape

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

| <u>Name</u> | <u>Complete Address</u> |
|--------------------|-----------------------------|
| <u>Steven Dees</u> | <u>1496 W. Gardner Dr</u> |
| | <u>Meridian, ID 83642</u> |
| <u>Bill Kemp</u> | <u>451 N. Liberty APT 1</u> |
| | <u>Boise Idaho 83709</u> |

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

- | | | |
|----------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Steve Dees
1496 W. Gardner Dr
Meridian, ID 83642

884-8302

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

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 03/27/1997
0900 77175 2
CK #: 2223 CUST# 78889
ASSUM NAME 1@ 20.00= 20.00

Signature: Steven D. Dees

Printed Name: Steven D. Dees

Capacity: Owner/Operator

(see instruction # 8 on back of form)

Revision 2/97

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