



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

07 JUN 25 PM 1:01

SECRETARY OF STATE  
STATE OF IDAHO

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

MK Landscaping

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

Name	Complete Address
<u>Maryanne Khamene</u>	<u>9831 W. Ripley St. Boise, Id 83704</u>
<u>Branden Khamene</u>	<u>9831 W. Ripley St. Boise, Id 83704</u>

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

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

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

MK Landscaping  
9831 W. Ripley St  
Boise, Id 83704

Phone number (optional):

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Maryanne Khamene  
(signature required)

Printed Name: MARY ANNE KHAMENE

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

0112682

IDAHO SECRETARY OF STATE  
06/25/2007 05:00  
CK: 1190604 CT: 172099 BH: 1062173  
1 @ 25.00 = 25.00 ASSUM NAME # 2