



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.

2012 SEP 17 AM 9:28

SECRETARY OF STATE
STATE OF IDAHO

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

AFFORDABLE YARD CARE & JANITORIAL

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

Cliff Butcher

901 Utah St. Gooding ID 83332

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	

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

Cliff Butcher
901 Utah St.
Gooding ID 83332

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

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

Phone number (optional):

(208) 358-0357

Signature: Cliff Butcher
(Signature Required)
 Printed Name: Cliff Butcher
 Capacity/Title: Owner

(see instruction # 6 on back of form)

Information Form 505
Rev 9/2003

IDAHO SECRETARY OF STATE
09/17/2012 05:00
CK: 1B4927080478 CT: 158010 BH: 1340188
1 @ 25.00 = 25.00 ASSUM NAME # 2

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