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CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. <u>Please type or print legibly.</u> NOTE: See instructions on reverse before filing.	Secretary of Stab EFFECTIVE Business Entities www.idsos.state.id.us/ 5 SEP 12 AM 10: 02 ECHETATI OF STATE STATE OF DAYO
 The assumed business name which the undersigned use(s) in the transaction of business is: Mongan Landscape 	
2. The true name(s) and <u>business</u> address(es) of the entity of business under the assumed business name: <u>Name</u> <u>Con</u> <u>Seth Mongan</u> <u>3160</u> Jennifer Hone <u>Coeurd</u>	$\frac{\text{nplete Address}}{N, ID + h PL}$
Manufacturing Mining Ass Finance, Insurance, and Real Estate	
Seth Mongan Bas PO Boin Boin 208 Coenr d'Alene, ID 83815	D West Jefferson sement West Box 83720 se ID 83720-0080 3 334-2301
 Name and address for this acknowledgment ' Phon copy is (if other than # 4 above): 	ie number (optional): 08) 699-7367
Signature: Printed Name: Seth Monga Capacity/Title: Owner (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE @9/12/2005 @5:00 CK: 397 CT: 158010 BH: 910980 1 1 25.00 SSUM NAME # 2 D 91554