

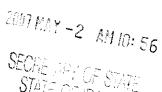
CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

(see instruction # 8 on back of form)



NOTE: See instructions on reverse before	filing. STATE OF STATE
The assumed business name which the under business is: LAKE CITY LAWN	` , ,
2. The true name(s) and business address(es) o business under the assumed business name: Name Paul W. V. II Ano Name	
3. The general type of business transacted unde Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	r the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: AUL W. VIIIAND 201 N. 1774 ST. COEURO' ALCAE, ID 83814	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): 2086590659
	Secretary of State use only
Signature:	0110965
Printed Name: YAUL Villano	IDAHO SECRETARY OF STATE 95/02/2007 05:00
Capacity/Title: Owner	CK: 4077 CT: 158010 BH: 10510. 1 @ 25.00 = 25.00 ASSUM NAME