

FILED EFFECTIVE



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.

08 APR -1 PM 2:44

SECRETARY OF STATE
STATE OF IDAHO

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

PYRAMID LAWN CARE

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

Name

TRACY EASON

CHRIS BAILEY

Complete Address

PO BOX 1595 NAMPA, IDAHO 83687

PO BOX 1595 NAMPA, IDAHO 83687

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:

PYRAMID LAWN CARE

PO BOX 1585

NAMPA, IDAHO 83687

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Tracy Eason

(signature required)

Printed Name: Tracy Eason

Capacity/Title: Partner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
04/01/2008 05:00
CK: CASH CT: 158010 BH: 1107839
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 120493

g:\cc\pforms\statin\formstatin.p65
Revised 04/2003