CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

| 4 | To the SECRETARY OF STATE, STA | ldaho Co n Assume | ode, શિકે ક્રોમેલે ઉકાં gne &: 39 ed Business Name. |
|---|--|----------------------|--|
| 7. | The assumed business name which the business is: | undersi | gned use (s)an meansaction of |
| | BLADE RUNNERS LAND | SCAPE | MAINTENANCE |
| The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | | | |
| | Name Puck II /Nc. | 6/28 | Complete Address EAINIEU STE 2 A |
| | (C 129294) | | SE 10 83704 |
| 3. | The general type of business transacted (mark only those that apply) | d under t | he assumed business name is: |
| | ☐ Retail Trade ☐ Manufactu ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Constructi | e | Transportation and Public Utilities Finance, Insurance, and Real Estate Mining |
| 4. | The name and address to which future correspondence should be addressed: | Phone | number (optional): 208-376-/6/4 |
| | SKIP ANDERSON 6128 FAIRVIEW STE ZA | - - | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| | 130156 1x 83704 | - . | Secretary of State |
| 5. | Name and address for this acknowledge copy is (if other than # 4 above): | ment | 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | | - | Secretary of State use only |
| | | Revision 1/88 | IDAHO SECRETARY OF STATE |
| Signati | ure: | Revis | 06/23/1999 09:00 CK: 1368 CT: 114109 BH: 228091 |
| Printed | Name: 5.6. ANDERSON | _ §§ | 1 8 20.88 = 20.88 ASSUM NAME # 2 |
| | ity: V.DRES. | Loorpiformstabn.p65 | _ |
| • | (see instruction # 8 on back of form) | CoopMar | D 27068 |