

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 MAY -8 PH 2: 53

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

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The assumed business name which the undersigned business is:	d use(s) in the transaction of
Arizona Landscape	<u>s</u>
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name ANTCA LLC. 1135 Acree	ntity or individual(s) doing Complete Address Whiston Adn te Numpa Id. 83651
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 11354 W. Marien Point M.	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):
	Secretary of State use only
Signature: (signature required) Printed Name: Mwko Cwrchich	IDAHO SECRETARY OF STATE 65/08/2006 05:00 CK: 799603 CT: 172099 BH: 953607 1 0 25.00 = 25.00 ASSUN NAME # 4