Capacity/Title:_

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2007 MAR 12 PM 12: 45

FILED EFFECTIVE

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

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of	
business Is: Double S Lawr	1 Care
2. The true name(s) and business address(es) of the business under the assumed business name: Name Lani Schofield Judon Schofield HI	entity or Individual(s) doing Complete Address L. M. In er St. Buld 10 83316 M. Lucu St. Ruhl, 10 83316
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Au Santula Au Minula St.	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
 Name and address for this acknowledgment copy is (if other than # 4 above); 	Phone number (optional): 208-543-2552
	Secretary of State use only
Signature: R. Kavi Scholield B. S.	TROUG DEPOSTABLY OF DEALER

IDAHO SECRETARY OF STATE

@3/13/2007 @5:00

CK: 3554 CT: 158010 BH: 1039379

1 @ 25.00 = 25.00 ASSUN NAME # 2

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