

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

07 SEP 10 AM 8:44

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned business is:      The GARDENER	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the obusiness under the assumed business name:  Name  Solid Scapes, Inc.  (37352	complete Address  576 GOIF COURSE Rd, TEROME, IN 13338
3. The general type of business transacted under the all Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Solid Scapes, Inc.  576 Golf Course Policies Policy  Jerome In 13338  5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Wand Janes Signature required.  Printed Name: Suzan M. Vance  Capacity/Title: SECRETURY TREASURER  (see instruction # 8 on back of form) Co-owner	IDAHO SECRETARY OF STATE  9/11/2007 05:00  CK: 6093 CT: 158010 BH: 1074921 1 0 25.00 = 25.00 ASSUM NAME #