CANCELLATION OR AMENDMENT OFILED EFFECTI CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

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To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-507 and 53-508, Idaho Code, the Endersioned of the STATE OF IDAHO of the action(s) indicated below:
1. The assumed business name is: Quality Lawn 4 Yard of Nampa 1. The assumed business name is: Quality Lawn 4 Yard of Nampa
2. The assumed business name was filed with the Secretary of State's Office on 2003 Feb 27 as file number
3. Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. The assumed business name is amended to: Quality Lawn & Yard
5. The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow: Address:
Add: Delete: Name: 13/1-7th st. S., Nampa, ID 83651
Add: Delete: Name: Name: 1311-7th st. S., Nampa, ID83G51 Lorenz Services LLC 5303 Weston Ave., Caldwell, ID83G Variable Services LLC S303 Weston Ave., Caldwell, ID83G Name: 1311-7th st. S., Nampa, ID83G51 Name:
I Lorenz Services LLC 5303 WESTON AVE., CHANGE
6 The type of business is amended to read:
Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining
7. The name and address to which future correspondence should be addressed is changed to read:
Levi Lorenz, 5303 weston Ave, caldwell, ID 83607
8. Name and address for this acknowledgment copy is:
Levi Lorenz
5303 Weston Ave. C Secretary of State use only
Caldwell, ID 83607
Caldwell, IV 8760
Signature: <u>Jem L. Joseph</u> Signature: <u>Jewi L. Lorenz</u> Desirated Name: Levi L. Lorenz 1000 119/2007 05=00
Signature: <u>Jem L. Joseph</u> Printed Name: <u>Levi L. Lorenz</u> Capacity: <u>Member</u> Dignature: <u>Jem L. Joseph</u> IDAHO SECRETARY OF STATE ### ### ### ### ### ################
Capacity: <u>Member</u> 18.88 = 18.89 ASSUM AMEN # 3
(see Instruction # 9 on back of form)