



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 SEP 10 AM 10:55

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction or transactions is:

WaterOz

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name) Green Conservancy (Address) P.O. Box 324 Stites, Id 83552
(Name) (W153856) (Address) LLC

(Name) _____ (Address) _____

(Name) _____ (Address) _____

3. The general type of business transacted under the assumed business name is:

☒ Retail Trade ☐ Construction ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture ☐ Mining
☐ Services ☐ Manufacturing ☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Dr. Guy Wilson
(Name) _____
P.O. Box 324
(Address) _____
Stites Id 83552
(City) _____ (State) _____ (Zipcode) _____

5. Name and address for this acknowledgment copy is (if other than #4):

(Name) _____
(Address) _____
(City) _____ (State) _____ (Zipcode) _____

Printed Name: DR. Guy Wilson

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/10/2015 05:00

CK: 3194618 CT: 172099 BH: 1491688

1@ 25.00 = 25.00 ASSUM NAME #2

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