

CERTIFICATE OF ASSUMED BUSINESS NAME

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

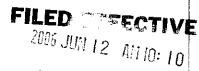
Please type or print legibly.

NOTE: See instructions on reverse before filing.

Presiden

(see instruction # 8 on back of form)

Capacity/Title:





DBA AMERICAN TURF MASTERS	
The true name(s) and business address(es) business under the assumed business name Name WADE E HAWKES KYLE MCKENZIE	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	ler the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
correspondence should be addressed: WADE E HAWKES 243 N 700 W PAUL ID 83347	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above): DL EVANS BANK	t Phone number (optional): (208)438-8737
P O BOX 1188	Secretary of State use only
gnature: Made House	1008