CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) l og lin Her 15 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name TARY OF STATE OF TOAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Excel LANDSCAPER Sprinkler C. 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Lakeharbur La #DIO4 3312 Kauss 83703 del 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Aariculture Finance, Insurance, and Real Estate Wholesale Trade Services Construction Mining 4. The name and address to which future Phone number (optional): 205-853-6037correspondence should be addressed: EXCEL LANDASCAPE Submit Certificate of Assumed Business. 3312 NAAKEharber LN Name and \$20.00 fee to: Tel 83709 10,55 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than #4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHD SECRETARY OF STATE Revisior DATE 05/16/1997 2 93539 0900 Signature: CUST# 81567 ck #: Crish 20.00= 20.00 ASSUM NAME 18 Printed Mame Capacity: (see instruction # 8 on back of form) 4592