



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.

09 JAN 28 AM 8:23

SECRETARY OF STATE
STATE OF IDAHO

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

Pioneer Greenscape

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

MARK H. MELROY

P.O. Box 986 Sagle, ID
83860

(Current Physical add) 65 Westmound RD Sagle ID

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

P.O. Box 986
Sagle ID 83860
% MARK H. MELROY

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

Phone number (optional):

(208) 610-4259

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Mark H. Melroy
(signature required)

Printed Name: MARK H. MELROY

Capacity/Title: Self proprietor

(see instruction # 8 on back of form)

9. Compliance form slabs, p65
Revised 04/2003

0127833
IDAHO SECRETARY OF STATE
01/28/2009 05:00
CK: 1579 CT: 150010 DH: 1154371
1 @ 25.00 = 25.00 ASSUM NAME # 2