CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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. The assumed business name which the undersigned use(s) in the transact business is: CARE LAWN 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 Name POND 3000 BRYSON AVE BoiSE Id 83713 11233 CAMAS BoiSE Id 83709 The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services | Construction Minina Phone number (optional): 375-5167 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business 1 Name and \$20.00 fee to: 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 IDAHO SECRETARY OF STATE

11/03/1997 09:00 CK: 1392 CT: 89306 BH: 51946

1 @ 20.00 = 20.00 ASSUM NAME

D 9414

Signature: Printed Name: Capacity: (see instruction # 8 on back of form)