



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.

FILED EFFECTIVE
2004 MAR -8 AM 8:38

SECRETARY OF STATE
STATE OF IDAHO

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

HIGH VALLEY LANDSCAPE

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

Derek Anglin

2450 S. Ammon Rd. Idaho Falls, ID. 83406

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 checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input 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:

HIGH COUNTRY LANDSCAPE

-Derek Anglin

2450 S. Ammon Rd. Idaho Falls, ID. 83406

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

Signature: _____

Derek Anglin
(signature required)

Printed Name: _____

Derek Anglin

Capacity/Title: President

(see instruction # 8 on back of form)

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

Phone number (optional):

~~208-334-2301~~

208-527-2457

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
03/09/2004 05:00
CK: 1395 CT: 150010 BH: 731602
1 @ 25.00 = 25.00 ASSUM NAME # 2

D13894



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

JAN - 9 AM ID: 27

SECRETARY OF STATE
STATE OF IDAHO

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

Bodyworks USA .com

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

Blue Wolf Enterprises, Inc
C 142504

8921 W. Overland Rd.
Boise, ID 83709

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 type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
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PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

Signature: _____

(signature required)

Printed Name: Ty Plawman

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

073948

IDAHO SECRETARY OF STATE

03/09/2004 05:00

CK: 39102955006DMF CT: 172099 BH: 731816
1 @ 25.00 = 25.00 ASSUM NAME # 2