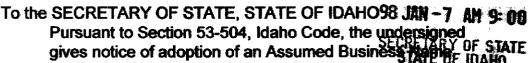
## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





1. The assumed business name which the undersigned use(s) in the transaction of business is:  Eden Lawn Care	
The true name(s) and business address business under the assumed business <u>Name</u>	• • • • • • • • • • • • • • • • • • • •
Mark J. Oller Tena M. Oller	24/6 N. Montona Ave., Caldwell I Same
3. The general type of business transacte (mark only those that apply)  Retail Trade Manufact Wholesale Trade Agricultur	turing Transportation and Public Utilities
4. The name and address to which future correspondence should be addressed:  Nark J. Oller	Phone number (optional): (208) 459- 4168
2416 N. Montana Ave. Caldwell, ID 83605	Assumed Business  Name and \$20.00 fee to:  Secretary of State 700 West Jefferson
5. Name and address for this acknowledge	gment Basement West PO Box 83720
COPY is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301

(see instruction # 8 on back of form)