Signature: Mul

Capacity: \_

Printed Name: Michael

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED/EFFECTIVE To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned NAY 24 3 50 PN '00 gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of the state Grass-Hopper LAWN Care business is: 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 Michael QUINN HAMILTON 2025 USTICIK BUTSE 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Finance, Insurance, and Real Estate Retail Trade Agriculture Wholesale Trade 208) Mining Construction Services Phone number (optional): 869-8075 4. The name and address to which future correspondence should be addressed: Submit Certificate of USTICIC Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West 5. Name and address for this acknowledgment PO Box 83720 copy is (if other than # 4 above). Boise ID 83720-0080 208 334-2301 Secretary of State use only

IDAHO SECRETARY OF STATE

05/24/2000 09:00 CK: CASH CT: 131544 BH: 320821

1 @ 20.00 = 20.00 ASSUM NAME # 2

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