



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED/EFFECTIVE

2002 FEB 14 PM 1:00

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

ASL SPRINKLERS AND 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

ASL SERVICES INC.

5322 N. CASTLE CREEK PL

C 142592

BOISE ID 83713

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 | |

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

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

5322 N. CASTLE CREEK PL.

BOISE ID 83713

ASL SERVICES INC

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

Phone number (optional):

Signature: Eric D. Andersen

Printed Name: ERIC D. ANDERSEN

Capacity/Title: OWNER / PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn_forms\abn.p65
Revised 12/2001

IDAHO SECRETARY OF STATE
02/14/2002 05:00
CK: 2423 CT: 157357 BH: 446376
1 @ 20.00 = 20.00 ASSUM NAME # 3

D 52087