

## 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.

2014 SEP 23 PM 1: 15

## Please type or print legibly. Instructions are included on back of application.

SECHETARY OF STATE STATE OF IDAHO

Water Wise Sprinkler and Landscape	
<ol> <li>The true name(s) and <u>business</u> address(e business under the assumed business na</li> </ol>	
<u>Name</u>	Complete Address
Michael Gollenbusch	492 Elizabeth Park Dr. Twin Falls, ID 83301
Cheryl Gollenbusch	492 Elizabeth Park Dr. Twin Falls, ID 83301
☐ Wholesale Trade ☐ Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business te Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street PO Box 83720
Water Wise Sprinkler and Landscaping  492 Elizabeth Park Dr.	Boise ID 83720-0080
Twin Falls, ID 83301	208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
nature:	
nted Name: Michael Gollenbusch	
pacity/Title: Owner	TRILL GRANDET N. A. T. T.
mature: Cheyl Gollanbusch	10AHO SECRETARY OF STATE 09/23/2014 05:00
nted Name: Cheryl Gollenbusch	CK:2238106 CT:172099 RH:1

Abrupted Rev 07/201

9/21/2012

Capacity/Title: Co-Owner

D113905

CK:2238106 CT:172099 BH:1442462 16 25.00 = 25.00 ASSUM NAME #2