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## CERTIFICATE OF ASSUMED BUSINESS NAME

| To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. |   |   |  |
|--|---|---|--|
| 1.   | The assumed business name which the undersigned use(s) in the transaction of business is:  Sod Sevuices of Idaho                                  |   |  |
| 2.   | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:                   |   |  |
|  | Shavon Wallbridge   | Meniclian, ID 83642   |  |
| 3.   | The general type of business transacted under the assumed business name is:  Landscape Material Sales and Services  See categories on the reverse |   |  |
| 4.   | The name and address to which correspondence should be addressed:  Services of Idaho  |   |  |
|  |   | Meridian, ID 83642  |  |
|  | Signed  | Sharon Walbridge  |  |
|  | Ву  |   |  |
|  | Capacity OWNER  |   |  |
|  | Submit Certificate of Assumed Business Name and \$20.00 fee to:   | Customer #  |  |
|  | Secretary of State<br>700 West Jefferson<br>PO Box 83720<br>Boise ID 83720-0080   | Secretary of State use only    Secretary of State use only   IDAHO SECRETARY OF STATE |  |

ASSUM NAME 20.00= 20.00