## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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: ANDSCAPE & TREE SERVICE GER 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address EBORAH LYNN IHM 10172 VERMONT AVE

3.	The	general type of bu (mark only those that apply)	sines	s transacted und	er the	assumed business name is:	
		Retail Trade Wholesale Trade Services		Manufacturing Agriculture Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining	
4.		The name and address to which future Phone number (optional): 208-345-7618-correspondence should be addressed:					
	DI	BORAH L.	<u>1H</u> ]	<u> </u>		Submit Certificate of	

BOISE, IDAHO 83706 5. Name and address for this acknowledgment CODY IS (if other than # 4 above).

1017 & VERMONT AUE

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

Secretary of State use only IDAHO SECRETARY OF STATE

03/19/1999 09:00 CK: 2144 CT: 112851 BH: 198816

0 24156

Signature: X Printed Name: DERORA

Capacity: PRESIDENT

(see instruction # 8 on back of form)