

Capacity/Title: Divine

(see instruction # 8 on back of form)

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 2005 SEP 16 AM 9: 25

Please type or print legibly. NOTE: See instructions on reverse before	re filing. SEORETARY OF STATE STATE OF 10040
 The assumed business name which the und business is: 	
Soil Sampling Sol	utions
2. The true name(s) and business address(es business under the assumed business name Name Sacob Gerratt	s) of the entity or individual(s) doing
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	nder the assumed business name is: n and Public Utilities Submit Certificate of Assumed Business
 Manufacturing	Name and \$25.00 fee to:
Jacob Gerratt 479 River Side Or.	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme	ent Phone number (optional):
COPY IS (if other than # 4 above):	(208) 312-8010
	Secretary of State use only
	n91725
Signature: (signature required) Printed Name: Socob Cerraft	IDAHO SECRETARY OF STATE 9/16/2005 05:00 CX: 9075641 CT: 158010 BH: 911979 1 2 25.00 = 25.00 ASSUM MARE # 2