

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

08 NOV 12 AM 8: 16 SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the understand business is: Nate's Lawn Sprink	,
2. The true name(s) and business address(es) of business under the assumed business name: Name Nothen Egan I	:
3. The general type of business transacted under	
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Mother Egon 32 N 3167 E 13040 Folls Id 83402 5. Name and address for this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COPY IS (if other than # 4 above):	Secretary of State use only
Signature: X Nathon beston (signature required) Printed Name: Nothan Eyan Capacity/Title: Owner (see instruction #8 on back of form)	IDAHO SECRETARY OF STATE 11/12/2008 05:00 CK: 2572 CT: 91119 BH: 1143977 1 8 25.00 = 25.00 ASSUM MANE #