



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

Nov 2 3 16 PM '01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Curbscape

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Geoff Laubhan</u>	<u>4280 Stratford Dr. Boise, ID 83704</u>
<u>David Moberly</u>	<u>4280 Stratford Dr. Boise, ID 83704</u>
<u>Mat Thompson</u>	<u>14 Villa Dr. Middleton, ID 83644</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
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

4. The name and address to which future correspondence should be addressed:

Geoff Laubhan
4280 Stratford Dr.
Boise, ID 83704

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-841-4581

Signature: [Signature]

Printed Name: Geoffrey Laubhan

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
11/02/2001 05:00
CK: CASH CT: 153172 BH: 427820
1 @ 20.00 = 20.00 ASSUM NAME # 2

g:\corp\forms\labn form\slabn.p65 Revised 01/2001

D49553