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.

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

"DEN TREE SERVICE

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

<u>Name</u>	Complete Address
NORMAN L. ISBELL	253 9RH AVE NORTH TWIN FALLS
TINA G. ISBELL	253 9+h AVE NORTH / WATER 163
Danny R. Stewart	253 9th for N. Twin Falls
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
The name and address to which future correspondence should be addressed:	Phone number (optional): 208) 734 8404
353 ORCHALARA TEMPANY	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmocopy is (if other than # 4 above):	Secretary of State 700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Signature: Normal Sel

Printed Name: D&N SERVICE TILL DELUICE

Capacity: _____(see instruction # 8 on back of form)

ms/abn.p65

Secretary of State use only

IDAHO SECRETARY OF STATE

02/10/1999 09:00 CX: NO CX | CT: 118918 BH: 186767

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