

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 SEP 30 PM 1:08

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

AquaQuad G2

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

Name

Complete Address

Kevin D. Powell

4424 Gunsmoke Lane, Nampa, ID 83686

Debra K. Gier

10530 Whispering Cliffs Dr Boise ID 83704

Jacob P. Gier

10530 Whispering Cliffs Dr Boise ID 83704

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

AquaQuad G2
4424 Gunsmoke Lane
Nampa, ID 83686

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

Signature: Jacob P. Gier

(signature required)

Printed Name: JACOB P. GIER

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
09/30/2008 05:00
CK: 157511 CT: 172099 BH: 1138128
1 @ 25.00 = 25.00 ASSUM NAME # 2

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