CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



(Please type or print legibly. See Instruc	
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. 1. The assumed business name which the undersigned use(s) in the transaction of	
 The assumed business name which the ur 	idensigned use(s) in the dansaction of
husiness is:	S 15
Woodscapes	一
The true name(s) and business address(e business under the assumed business names.	ne is/are: Complete Address
Larry James Wood	PO. Box 3/2
Larry James Wood	Soda Springs ID 83276
3. The general type of business transacted (mark only those that apply) Retail Trade	ing Transportation and Public Utilities Finance, Insurance, and Real Estate
correspondence should be addressed: NoodSCapeS P.O. Box 312	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledge copy is (Fother than # 4 above):	
Signature: J. J. Wood Printed Name: Larry J. Wood Capacity: Owner	11/10/1997 09:00 CK: 1655 (T: 8957) RH: 54812 18 28.80 = 28.80 ASSUM NAME
(see instruction # 8 on back of form)	