

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

| 7 | FILED |
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| CERTIFICATE OF ASSUMED BUSINESS N. Pursuant to Section 53-504, Idaho Code, the ur submits for filing a certificate of Assumed Busine Please type or print legibly. NOTE: See instructions on reverse before file | ndersigned ess Name. |
| The assumed business name which the unders business is: TH Landworks | igned use(s) in the transaction of |
| | Complete Address 515 Hollister Hills Dr. AUSER ID 83854 |
| 3. The general type of business transacted under Retail Trade | |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | 208 334-2301 Phone number (optional): |
| Signature: (signature) equired) Printed Name: Jay Huff | IDAHO SECRETARY OF STATE 04/30/2004 05:00 CK: 1434 CT: 158610 BH: 742329 1 0 25:00 = 25:00 ASSUM MARE # 2 |

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