CERTIFICATE OF ASSUMED BUSINESS OF FECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO¹ AUG 24 AM 9: 59
Pursuant to Section 53-504, Idaho Code, the updersigned gives notice of adoption of an Assumed Business Manual IDAHO

The assumed husiness name which the in	
business is:	undersigned use(s) in the transaction of
Powell's Parter	tion Land Care
	ı
The true name(s) and business address(e business under the assumed business na	
A // Name	Complete Address
Anthony Le Powell	602 Foster Rue
	Cound Henry ID. 83814
	ਂ ਚ
The	and the state of t
The general type of business transacted to (mark only those that apply)	under the assumed business name is:
☐ Retail Trade ☐ Manufacturi	ing Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture	Finance, Insurance, and Real Esta
Services	in the second se
The name and address to which future	Phone number (optional):
correspondence should be addressed:	
Anthony L. Powell	Submit Certificate of
100 6 1	Assumed Business
602 Foster Ave	
Locar d'Hene, ID 83814	Assumed Business Name and \$20.00 fee to:
Locun d' Mena, I 13 83814	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
Locar d'Mene, II) 83814 Name and address for this acknowledgme	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West
Locun d' Mena, I 13 83814	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
Locar d'Mene, II) 83814 Name and address for this acknowledgme	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West
Locar d'Alene, II) 83814 Name and address for this acknowledgme	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse ID 83720-0080

Signature: Will Political Printed Name: Anthony L. Powell

Capacity: owner

(see instruction # 8 on back of form)

IDAMO SECRETARY OF STATE

@8/24/2001 @5:00

CK: 2522753943 CT: 150490 BH: 415549
1 0 20.00 = 20.00 ASSUM MAME # 2

D 47866