

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILL DEFFECTIVE

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SECRETARY OF STATE STATE OF IDAHO

| The assumed business name which the undersign business is: | |
|--|--|
| LANDSCAPÉ AND LAWN NUTRITION | iv |
| The true name(s) and <u>business</u> address(es) of the business under the assumed business name: | entity or individual(s) doing |
| FRED W. WIAJONE POL | Complete Address Bux 198 Bour In 83701 |
| | |
| 3. The general type of business transacted under the | e assumed business name is: |
| Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: HED WITH WE 1980 X 198 | Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above). | Phone number (optional): |
| | Secretary of State use only |
| Signature: | 010033 |
| Signature: (signature required) Printed Name: RED W N A ONE Sod ordinates and septiments are septiments and septiments are septiments. | IDANO SECRETARY OF STATE 99/14/2004 05 = 00 CK: 459 CT: 158010 BH: 766027 1 P 25.00 = 25.00 ASSUM NAME # 2 |