

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED/EFFLOXIVE

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

01/19721 21 8:42

STATE of DAIRO

Please type or print legibly. NOTE: See instructions on reverse before filing.

<ol> <li>The assumed business name which the u business is:</li> </ol>	ndersigned use(s) in the transaction of
1 11971	- Augos Del
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name  Hugo * Lloyd True  3. The general type of business transported with the second seco	Complete Address  12270 10 Kakbury Ct, Boise TD 83709
- general type of business transacted tr	n and Public Utilities  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  August Du.  Attriction Muco  Attriction Saturation  5. Name and address for this acknowledgments	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
copy is (if other than # 4 above):	ent Phone number (optional):
	Secretary of State use only
Signature: MILLA MUGO  Printed Name: Muchon  Capacity: Muchon	IDAHO SECRETARY OF STATE  11/21/2001 05:00  CK: 2869 CT: 153849 DH: 438882  1 2 28.98 = 20.98 ASSUM NAME # 2

(see instruction # 8 on back of form)