

Capacity/Title: Hygco

(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.

OP OCT 13 AM 9:10

SECRETARY OF STATE STATE OF IDAHO

business under the assumed business name Name Soll VolumeTed LLC		Complete Address
W 74862	<u> </u>	oen TP \$3685
The general type of business transacted un	•	
Retail Trade Transportation Wholesale Trade Construction	and Pub	olic Utilities
Services Agriculture		Submit Certificate of
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate		Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:		Idaho Secretary of State 450 N 4th Street
418 Bridge Ave	·.	PO Box 83720 Boise ID 83720-0080
CADWILL TO BROS		(208) 334-2301
5. Name and address for this acknowledgme	ent	
COPY is (if other than # 4 above):		
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