

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2007 WAY -9 AH 2: 18

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECHELIANI OF STATE
STATE OF IDAHO

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
	CHUBBUCK, IDAHO 83202
The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction	Public Utilities
✓ Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
. The name and address to which future correspondence should be addressed: BLUE RIBBON TRAINING	Secretary of State 700 West Jefferson Basement West
PO BOX 5422	PO Box 83720 Boise ID 83720-0080
CHUBBUCK, ID 83202	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-237-5716
	Secretary of State use only
ature:	D111259
(signature required) ted Name: PAUL J. BUTLER	IDAHO SECRETARY OF STATE
acity/Title:OWNER	05/09/2007 05: CK: 624 CT: 101409 BH: 10:
(see instruction # 8 on back of form)	1 @ 25.00 = 25.00 ASSUN N