(see instruction # 8 on back of form)



## **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.

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



business is:  Beverage Technologies of Idaho	
business under the assumed business name:	
Name	Complete Address
HRP Enterprises, Inc	1470 Leslie Way Meridian, ID 83646
C146785	
<ol><li>The general type of business transacted under</li></ol>	the assumed business name is:
Retail Trade Transportation and	d Public Utilities
Wholesale Trade Construction	d i ubile Chillies
Services Agriculture	
- Agriculture	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
Beverage Technologies of Idaho	PO Box 83720
1470 Leslie Way	Boise ID 83720-0080
Meridian, ID 83646	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above):	(0,000,000,000,000,000,000,000,000,000,
, , , , , , , , , , , , , , , , , , , ,	
	Secretary of State use only
88	0110 0000
nature: (signature required)  nted Name: Tryelene Kilyore pacity/Title: tresident HRP Ent.	0112550
nted Name: Truelene Killione	IDANO SECRETARY OF STATE  B6/20/2007 95 F
	IDAHO SECRETARY OF STATE
pacity/Title: Tresident HRP Ent. 18	CK: 2138 CT: 214573 BH: 1868