

CERTIFICATE OF ASSUMED BUSINESS NAME



ASSUMED BUSINESS INAIVIE

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

Please type or print legibly.

Instructions are included on back of application.

	TERA SOLUM
. The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> LUCAS WINGERT	
	ed under the assumed business name is: tation and Public Utilities
Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed LUCAS WINGERT	450 North 4th Street PO Box 83720
P.O. BOX 149 COOLIN, IDAHO 83821	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment
	Secretary of State use only
nature: ///	
nted Name: LUCAS WINGERT Dacity/Title: SOLE PROPRIETOR	
nature:	
nted Name:	IDAHO SECRETARY OF STATE
pacity/Title:	CX: 2040 CT: 149808 BH: 1305 1 0 25-80 = 25.00 ASSUM NAM

abn.pmd Rev. 07/2010

D153044