



# 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.**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

ALTERNEGY

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
<u>Avrien Witte</u>	<u>715 West Superior</u>
<u></u>	<u>Sand Point Idaho 83864</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

Avrien Witte  
715 West Superior  
Sand Point Idaho 83864

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Avrien Witte

(signature required)

Printed Name: Avrien Witte

Capacity/Title: Owner

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

208-610-1434

Secretary of State use only

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Revised 04/2003

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IDAHO SECRETARY OF STATE  
05/02/2007 05:00  
CR: 602 CI: 150010 BH: 1050995  
1 # 25.00 = 25.00 ASSUM NAME # 2