(see instruction # 8 on back of form)

227



## 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.

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

<ol> <li>The assumed business name which the und business is:</li> </ol>	ersigned use(s) in the transaction of
Murphy Storage	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name.  Name  2650 South Cilc Ruad, LLC	<u>Complete Address</u>
3. The general type of business transacted un	der the assumed business name is:
☐ Lataii Itaoc ⊨	and Public Utilities
<ul> <li>Wholesale Trade</li> <li>Services</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Wilbur C. Anderson 3177 Stone Point Boise, ID 83712	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
Pichard W. Jankowski P-O. Box 1518	Secretary of State use only
Boise, ID/83701  Signature:  Printed Name: Edger M. Thriff, Jr.  Capacity: Manager	IDAHO SECRETARY OF STATE    Day

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