

Capacity/Title

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Please type or print legibly. Instructions are included on back of application.

## FILED EFFECTIVE

**建建物** 11 W

SECRETARY OF STATE

e: <u>Complete Address</u>
701 Mountain View Dr.
Twin Falls, Idahn
X 7201
nder the assumed business name is:
and Public Utilities
Submit Certificate of
Assumed Business
Name and <b>\$25.00</b> fee to:
Secretary of State
450 North 4th Street
PO Box 83720 Boise ID 83720,0080
Boise ID 83720-0080 208 334-2301
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Secretary of State use only

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10 25.00 = 25.00 ASSUM NAME #2