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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus	
Please type or print legibly. NOTE: See Instructions on reverse before	filing. SECRETARY OF STATE STATE OF IDALIO
1. The assumed business name which the under business is: 	ersigned use(s) in the transaction of
2. The true name(s) and business address(es) of business under the assumed business name: Name	Complete Address
 3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Michala Thompson 2089 FronTier Dr Ammon, TD 83406 	er the assumed business name is: nd Public Utilities 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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 - 523 - 04 60
Signature: <u>Michele Champson</u> Printed Name: <u>Michele Conthompson</u> Capacity/Title: <u>OWNER</u> (see instruction # 8 on back of form)	Becretary of State use only IDAHO SECRETARY OF STATE 04/02/2007 05 = 00 CK: 1116 CT: 158016 BH: 1843957 1 @ 25.00 = 25.00

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