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. NOTE: See Instructions on reverse before filing. 1. The assumed business name which the undersigned use	FILED EFFECTIVE 08 JAN 10 AM 8: 53 SECRETARY OF STATE STATE OF IDAHO e(s) in the transaction of
 business is: <u>New Moon Energets (a</u> 2. The true name(s) and business address(es) of the entity business under the assumed business name: 	y or individual(s) doing Complete Address N. Ridguosod Dr
 3. The general type of business transacted under the ass Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Manufacturing P.O. PM 9716 Hayden 1D 83835 5. Name and address for this acknowledgment copy is (if other than # 4 above): 	Sumed business name is: C Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse ID 83720-0080 208 334-2301 Phone number (optional):
Signature: But St. Series (aignature required) Printed Name: Barbara St. Dennis Capacity/Title: Sole monietor (see instruction # 8 on back & form)	Becretary of State use only IDAHO SECRETARY OF STATE OI / 10 / 2008 05 ± 00 CK: 1 CT: 221296 BH: 1893793 1 8 25.88 = 25.88 ASSUN MANE # 1 D 8 7