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CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 10 JUL -7 AM 11:50

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the under business is:	
2. The true name(s) and business address(es) business under the assumed business name Name **Adam Hagamax** **Adam Ha	
3. The general type of business transacted und	ler the assumed business name is: and Public Utilities
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	nt
	Secretary of State use only
Signature: (signature required) Printed Name: Hagaman Capacity/Title: (SI den # 8 on back of form)	IDAHO SECRETARY OF STATE 97/97/2010 05:06 CK: CASH CT: 158810 BH: 122968 1 9 25.06 = 25.60 ASSUM MAME