

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
05 SEP 30 AM 9: 07

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

SECRETATE OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Ma	nnerly Speaking
The true name(s) and business address business under the assumed business Name Lisa A. Johnston	es(es) of the entity or individual(s) doing name: Complete Address 2930 N. Glennfield Way, Meridian, Idaho 83642
	d under the assumed business name is: ation and Public Utilities
Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Mannerly Speaking	Secretary of State 700 West Jefferson Basement West PO Box 83720
Lisa A. Johnston 2930 N. Glennfield Way, Meridian, ID. 83642	Boise ID 83720-0080
 Name and address for this acknowledge copy is (if other than # 4 above). 	gment Phone number (optional): 208-850-2440
	Secretary of State use only
Signature: Signature (signature required) Printed Name: Lisa A. Johnston	- Source State IDAHO SECRETARY OF STATE
Capacity/Title: Owner (see instruction # 8 on back of form)	CX: 3272 CT: 158010 BH: 914575 1 0 25.00 = 25.00 ASSUM NAME # 2

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