

Capacity/Title:___

Owner (see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

WED FFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 111 29 AM 8: 48

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

	ONAL OF IDAM
The assumed business name which the under business is:	ersigned use(s) in the transaction of
Energy Systems	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name	
<u>Name</u>	Complete Address
Rick Kaster	7 4860N 1115 E
	Buh L, ID 83316
3. The general type of business transacted unc	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West
RICK Kaster 4860 N 1115 E Buhl, ID 83316	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 Phone number (optional):
	Secretary of State use only
	DUNDUI
Signature: Rick Caster	
(signature required)	IDAHO SECRETARY OF STATE 96/29/2004 05:00
Printed Name: Rick Kaster	IDANO SECRETARY OF STATE 66/29/2004 65:200 CK: 5397 CT: 158010 BH: 753823 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	Some Market Computer Service S
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