## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

09 OCT 16 AM 8: 38

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

•	STATE OF IDA <b>HO</b>
1. The assumed business name which the undersign	ed use(s) in the transaction of
business is:	
terrenoud Elec	tric Service
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
Craia & Sandra Yerr	enoud 3886 Found
N	al T
	Idaho Falls
3. The general type of business transacted under the	e assumed business name is: $83$
	uone oundes
☐ Wholesale Trade ☐ Construction ☐ Agriculture	and the state of t
	Submit Certificate of Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
3886 Founders pt	PO Box 83720
Totalo Falls Id	Boise ID 83720-0080 208 334-2301
8 34/26	200 354-2501
5. Name and address for this acknowledgment	Phone number (optional):
	ull 208-5217855
Sopy to (ii suita unit ii vasso).	
	Marc 208 522 9888
	Secretary of State use only
	505-Idaho.gov
ignature: Sandia Perrena g	202- Tank. J
ignature: (signature required)	· · · · · · · · · · · · · · · · · · ·
rinted Name: Sandra P-rresource	
Capacity/Title:	IDAHO SECRETARY OF STATE
(see instruction #8 on back of form)	10/16/2009 05:00 CK: 728 CT: 158010 DH: 1191442
V <sub>3</sub>	1 @ 25.00 = 25.00 ASSUM NAME # 2
	D 124787
	レンスのか