CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

ndersigned 99 JAN - 4 PH 2: 53 ss Name. SECRET CHIDAHO
ersigned use(s) in the transaction of
ne entity or individual(s) doing business
Complete Address
lls Avenue, Twin Falls, Idaho 83301
ren Drive, Stephenville, Texas 76401
the assumed business name is:
nsportation and Public Utilities ince, Insurance, and Real Estate ing
number (optional):
Submit Certificate of Assumed Business Name and \$20.00 fee to:
Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 337468555555787 0F STATE

1 8 20.00 = 20.00 ASSUM NAME # 2

1721713

Signature: ____ Printed Name:

DON MCFARLAND

Capacity:

Partner

(see instruction #8 on back of form)