

Capacity/Title: Xxx Y

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

05 MAY -4 AM 10: 36

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

D87495

1. The assumed business name which the undersigned business is:    Techin Transety Mainte.   The true name(s) and business address(es) of the experience pages.	inAnce
business under the assumed business name:  Name  Evandon Fechin 995	Complete Address  N. Palstin Pl Slign ID 83642
3. The general type of business transacted under the  Retail Trade Transportation and Put Mholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	assumed business name is:  ablic Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson
Exandan Fechin 995 N Palstin Mexistian	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
ignature: (signature required) rinted Name: Erandon Pechin	IDAHO SECRETARY OF STATE Ø5/Ø4/20Ø5 Ø5 = ØØ CK: 527168 CT: 172099 BH: 80845 1 0 25.00 = 25.00 ASSUM NAME #