CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse **FILED**

To the SECRETARY OF STATE STATE OF IDAHO

₹ 0	Pursuant to Section 53-504, Id gives notice of adoption of an	daho Code, the undersigned
1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	Storm Facilities Maintenance Compan	ıy
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name Kurt E. Reliford	Complete Address 2016 Warm Springs Ave., Boise, ID 83712
	John L. McNatt	3864 Harbor Point, Meridian, ID 83642
	Byion K. Barnett	3807 Harbor Point, Meridian, ID 83642
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
	Retail Trade Manufacture Wholesale Trade Agriculture Services	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:		
	Storm Facilities Maintenance, Co. 1770 W. State St., Suite 356	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	Secretary of State 700 West Jefferson nent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
Signat	ure: Kit E. Royl	IDANO SECRETARY OF STATE DAY 23/1999 09:00 CK: 2284 CT: 114463 BH: 216834
Printed Name: Kurt E. Reliford		1 8 20.00 = 20.00 ASSUM NAME # 2
Capacity: President		. D 25314
•	(see instruction # 8 on back of form)	Toppda.