

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Cochrell Elec	tric
The true name(s) and business address(es) of t business under the assumed business name:     Name     Nolan Cochrell	he entity or individual(s) doing  Complete Address  HC 64 Box 85, Pierce,ID 83546
3. The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Nolan Cochrell HC 64 Box 85 Pierce, ID 83546  5. Name and address for this acknowledgment	
Copy is (if other than # 4 above):  Signature:	Secretary of State use only
Capacity/Title: Owner (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 02/05/2009 05:

IDAHO SECRETARY OF STATE 02/05/2009 05:00 CK: 191 CT: 158810 8H: 1155578 1 0 25.00 = 25.00 ASSUM NAME # 2

