## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 5 MAY 23 SECTION 38

Please type or print legibly. NOTE: See instructions on reverse before filing.

NOTE: See instructions on reverse bef	
	fore filing. $SIAH_{G_{ij}}$
The assumed business name which the ubusiness is:  Enbright	
2. The true name(s) and business address(e business under the assumed business na Name	, , ,
	·
UNI Albert	PO Box 1686 Eagle ID 83616 PO Box 1686 Eagle ID 83616
Heuther Albert	PO Box 1686 Eugle ID 83616
<ul><li>The general type of business transacted u</li><li>Retail Trade</li><li>Transportation</li></ul>	on and Public Utilities
Wholesale Trade Construction	
Wholesale Trade Construction Services Agriculture	7
Services Agriculture	
- TV. 101000110 110000	Submit Certificate of Assumed Business
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Enbright	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West

5. Name and address for this acknowledgment CODY IS (if other than # 4 above).

Phone number (optional):

Secretary of State use only

Signature: Printed Name: Uh/ Capacity/Title: Owner

(see instruction # 8 on back of form)

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CT: 158010 BH: 811827 = 25.00 ASSUM MANE # 101888