

Capacity/Title: Owner

Signature:

Printed Name: ______
Capacity/Title: _____

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

HELEVED

2012 MIY 31 AM 8: 49

SECRETARY OF STATE STATE OF IDAHO

<u>Please type or</u>	print legibly.
Instructions are included	on back of application.

f the entity or individual(s) doing Complete Address 005 W Wild Iris Dr ar, ID 83669
005 W Wild Iris Dr
ar, ID 83669
r the assumed business name is:
nd Public Utilities
Submit Certificate of
Assumed Business
Name and \$25.00 fee to:
Secretary of State
450 North 4th Street PO Box 83720
Boise ID 83720-0080
208 334-2301
Secretary of State use only

IDAHO SECRETARY OF STATE 05/31/2012 05:00 CK: 2325 CT: 158010 BH: 1326390 1 0 25.00 = 25.00 ASSUM NAME # 2