Capacity: Quien

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

es) of the eame is/are:	Complete Addres	s name is:	8334
eme is/are:	Complete Addres	s name is:	Utilities
under the	assumed business Transportation a	s name is:	Utilities
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	nent	Submit Cert Assumed B Name and \$ Secretary of 700 West Jo Basement V PO Box 837 Boise ID 83 208 334-23 IMMORRANGE G7/17/19: CX: 6821 CT: 64: 1 9 28.88 = 28.	Submit Certificate of Assumed Business Name and \$20.00 feet Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 IMMONICAÇION OF STATE OF