

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

01 APR 20 AM 10: 05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The assumed business name which the under business is:	rsigned use(s) in the transaction of
The Bear and C	DW/
2. The true name(s) and <u>business</u> address(es) o business under the assumed business name: Name Joseph T. Rossi Elisabeth Emerson Rossi	f the entity or individual(s) doing Complete Address 5116 A. port Rd Manga ID 83687
3. The general type of business transacted unde	er the assumed business name is: nd Public Utilities
Wholesale Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Elisabeth Emuson Ross; 5//6 Argent Ross;	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 461-9343
	Secretary of State use only
Signature: Doseph 2 Parsi	IDAHO SECRETARY OF STATE 1002/10 possive CK: 2889 CT: 145338 BH: 392499 1 @ 28.88 = 28.86 ASSUM NAME # 2
Printed Name: Joseph T Rossi	1000 SECRETARY OF STREET 1000 SECRETARY OF
Capacity: Owner (see instruction # 8 on back of form)	1 6 56.88 = 58.88 UN NAME 1 2

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