



Printed Name:

Capacity/Title: Own CR

(see instruction # 8 on back of form)

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.

Complete Address, 309 N MACN EXTENSION
309 N MAIN EXTENSION
Carey Ud 83320
nder the assumed business name is:
n and Public Utilities
Submit Certificate of Assumed Business
Secretary of State 700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080 208 334-2301
200 004-2001
ent Phone number (optional):
208-823 4012
ADO DAS TUIL

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IDAHO SECRETARY OF STATE
10/02/2006 05:00
CK: 1810 CT: 158010 RH: 978270
1 8 25.00 = 25.00 ASSUM NAME # 2

D104324