

Printed Name: Har

(see instruction # 8 on back of form)

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.

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

of the entity or individual(s) doing
Complete Address
4838 E 3425N.
mustaugh Df 83344
der the assumed business name is:
and Public Utilities
Submit Certificate of Assumed Business Name and \$25.00 fee to:
Secretary of State 700 West Jefferson
Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
t Phone number (optional):
Secretary of State use only
8

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