7		-TIV
CERTIFICATE OF	IAME FILED/EFFE	
ASSUMED BUSINESS		: 24
Rursuant to Section 53-504, Idaho Code, the L	ndersigned	
submits for filing a certificate of Assumed Busi Please type or print legibly.	ness Name. SECHEMARY OF ST STATE OF IDAH	
NOTE: See instructions on reverse before	filing. STATE OF IDAM	0
1. The assumed business name which the unde	rsigned use(s) in the transaction of	
business is: 	Four	<u> </u>
L L L L L L L L L L L L L L L L L L L		
2. The true name(s) and <u>business</u> address(es) of	f the entity or individual(s) doing	
business under the assumed business name: Name	Complete Address	
Bruch (Jum	29 Rice St. Pocatello, JP	83201
Bryan Clum Travis Shafer	29 Rice St. Pocctello, ID 8	3201
 The general type of business transacted und 	er the assumed business name is:	
	nd Public Utilities	
Wholesale Trade Construction		
Services Agriculture	Submit Certificate of Assumed Business	
	Name and \$20.00 fee to:	
Finance, Insurance, and Real Estate	Secretary of State	
The name and address to which future correspondence should be addressed:	700 West Jefferson	
Travis Shafer + Bryan Clu	Basement West PO Box 83720	
	D0136 1D 001 20 0000	1
	208 334-2301	l
<u>83201</u>	+ Phone number (optional):	
Name and address for this acknowledgmer copy is (if other than # 4 above):	208-232-5391	
	Secretary of State use only	
	282	
B Cil	IDAHO SECRETAR IDAHO SECRETAR المحالي المحالم المحالي محمالي محمالي محمالي محمالي محمالم محمالممالم محمالم محمالم محمالم ممالممالم محمالم محمالم ممالممالم محمالم ممالممالممالممالممالممالممالممالمما	
Signature: <u>Buyan Clum</u> Printed Name: <u>Bryan Clum</u>	IDAHO SECRETA	
Printed Name: <u>Bryan Clum</u>	IDAHO SECRETA	RY OF STATE
	CK: 98749 CT: 1584	010 BH: 46 0 ASSUM NA
(see instruction # 8 on back of form)	I & CD. DU	
	D 54	571
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