| 7 | FILED/EF |
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| CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus Please type or print legibly. NOTE: See instructions on reverse before | NAME undersigned siness Name. |
| 1. The assumed business name which the under business is: Pineridge TAVEEN & CASE | |
| | Complete Address <u>3443 Hwy 95</u> <u>Counci I, Iclaho 83612</u> |
| 3. The general type of business transacted unit Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>Pinekidge TAV (k) CAFC</u> <u>3H43 Hwy 95</u> <u>Council</u>, <u>Telaho</u> 83612 5. Name and address for this acknowledgme copy is (if other than #4 above): | and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| Signature: <u>Carol 9. Eatos</u> (signature required) Printed Name: <u>CAROL L. EATON</u> Capacity/Title: <u>Leasoe</u> (see instruction # 8 on back of form) | Secretary of State use only IDANO SECRETARY OF STATE 299/27/2002 05:0 CK: 98099742352 CT: 158810 BH: 4 1 & 20.00 = 20.00 ASSUM WANE D 5863 9 |