

227



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.
Instructions are included on back of application.

FILED EFFECTIVE

2014 OCT 14 PM 2:10

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

TGTM Hydro Colorado and H & P Hydro

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Gayle A Sorenson/Ted S. Sorenson

5203 S 11th E, Idaho Falls, ID 83404

Henry W. Stamschror

PO Box 918, Sunnyside, WA 98944

Kirk Michels

PO Box 895, Sunnyside, WA 98944

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Gayle A Sorenson

5203 S 11th E

Idaho Falls, ID 83404

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Gayle A. Sorenson

Printed Name: Gayle A Sorenson

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/14/2014 05:00

CK:2290130 CT:172099 BH:1445114

10 25.00 = 25.00 CREDIT CRD #1

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