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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, t submits for filing a certificate of Assumed E Please type or print legibly.	SNAME FILED EFF
NOTE: See instructions on reverse before filing. SIMETAIN CAREED SIME CAREED	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> <u>Sherry E Day</u> <u>Allan Larsen</u>	s) of the entity or individual(s) doing
 3. The general type of business transacted un 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: 2306 Gegean Ave Tobb Falls, To 83404 	nder the assumed business name is: n 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
5. Name and address for this acknowledgme copy is (if other than #4 above): Thank of IDAtlo	ent Phone number (optional):
<u>399</u> N. Capital AV. <u>Jdabo Falls ID 83402</u> Signature: <u>Messay (But</u> (afgreature / equired) Printed Name: <u>Sherry E' Day</u> Capacity/Title: <u>BWNEF</u> (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE OP /28/2005 URANO SECRETARY OF STATE OP /28/2005 OP /28/2005 OF STATE OP /28/2005 OF STATE D OF STATE