CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

STATE

STATE

STATE

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

North	nWestDSL
2. The true name(s) and business address(expusioness under the assumed business name Name HIBEK, Inc.	rs) of the entity or individual(s) doing me: Complete Address 1805 13th St., PO Box 975, Lewiston, ID 83501
	nder the assumed business name is: n and Public Utilities
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: HIBEK, Inc. 1805 13th St., PO Box 975 Lewiston, ID 83501	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).	ent Phone number (optional): 208-746-0804
	Secretary of State use only
gnature: (signature required)	IDAHO SECRETARY OF STATE ### Company
inted Name: Ira B. Holst	IDAHO SECRETARY OF STATE

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