States and	CERTIFICATE OF	FILED	effective
	ASSUMED BUSINESS	NAME	
	Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B		2096 JURI 19 AM
Ν	Please type or print legibly. OTE: See instructions on reverse befor	e filing.	SECRETARY OF S STATE OF 1014
	assumed business name which the und ess is: POWER CLEAN	ersigned use(s) in the trans	action of
	rue name(s) and business address(es) less under the assumed business nam Name	Э:	-
		Complete Addres	
	CRAIG POWERS JOE NIXON	P.O. Box 119 1 P.O. Box 5754 BEND, 0	
	Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate name and address to which future spondence should be addressed: Alter Powers O Box O Box O Box	and Public Utilities Submit Certificate Assumed Busine Name and \$25.00 Secretary of State 700 West Jeffers Basement West PO Box 83720 Boise ID 83720-0 208 334-2301	ss) fee to: e on
5. Nan	ne and address for this acknowledgmen / is (if other than # 4 above):	nt Phone number (o) 541 - 420	,
		Secretary of St	ate use only
Signature: Printed Nar Capacity/Ti		Plomisabn formstabn.p65 Revised 04/2003	ate use only