Printed Name: JUAN JOSE CONTRERAS

(see instruction # 5 on back of form)

OWNER :

Capacity/Title:

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.
NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2010 MAR -5 PM 1:58

SECRETARY OF STATE STATE OF IDAHO

| Complete Address |
|--|
| 409 W BOUCK RD, BURLEY, ID, 83318 |
| III - II - Para Carron Taring 中間 a - 1177 |
| the assumed business name is: |
| d Public Utilities |
| Submit Certificate of Assumed Business Name and \$25,00 fee to: |
| Idaho Secretary of State 450 N 4th Street PO Box 83720 |
| Boise ID 83720-0080 |
| (208) 334-2301 |
| The state of the s |
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IBAHO SECRETARY OF STATE @3/@5/201@ @5:00 CK: 397843 CT: 172899 BH: 1211166 1 0 25.00 = 25.00 ASSUM MAME N 2