CERTIFICATE OF **FILED EFFECTIVE** ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 09 FEB -9 AM 9= 06 Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: ina 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: **Complete Address** Name HIS Bridge Lake 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities K Retail Trade Construction Wholesale Trade Agriculture Submit Certificate of Services Assumed Business Mining Manufacturing Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 HTACS Mur Beth Boise ID 83720-0080 208 334-2301 858 Phone number (optional): 5. Name and address for this acknowledgment 208-687-3062 CODY IS (if other than # 4 above): Secretary of State use only Signature:_ Printed Name: Mun Capacity/Title:____ SUR IDAHO SECRETARY OF STATE 92 Ø9/ 85:80 (see instruction # 8 on back of form) 2099 DIZOllo