

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.

11 SEP 19 AM 9: 17

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF BRATE STATE OF IDAHO

The true name(s) and <u>business</u> address business under the assumed business	
<u>Name</u>	` '
Scott Record	266 Blue Lakes Blvd N, Twin Falls, ID 83301
Wholesale Trade Construct	ation and Public Utilities tion
Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed: Plumbing 65 	450 North 4th Street PO Box 83720
266 Blue Lakes Blvd N Twin Falls, ID 83301	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
nature. Cecar	
nted Name: Scott Record	
pacity/Title: Owner	IDAHO SECRETARY OF STATE
nature: nted Name:	Q9/19/2011

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