

CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME SEP 30 101 9: 16
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.

2. The true name(s) and business address business under the assumed business Name Susan Johnson Robert Johnson	s(es) of the entity or individual(s) doing name: Complete Address 435 Flume Creek Road Sandpoint, ID 83864
	d under the assumed business name is: ution and Public Utilities
Services	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Susan Johnson 435 Flume Creek Rd. Sandpoint, TD 8380	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowled copy is (if other than # 4 above). 	ment Phone number (optional):
	Secretary of State use only
ignature: Supplement (fignature required) rinted Name: Supplement Supplement (fignature required) rapacity/Title: President (see instruction # 8 on back of form)	- Under the secretary of State

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