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CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the unders	sianed
submits for filing a certificate of Assumed Business in Please type or print legibly.	
1. The assumed business name which the undersigned use(s) in the transaction of business is: ErangeLliCa	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:    Name Complete Address   Name 4525   MWN Fuller 4525   Bolse, ID 83705	
3. The general type of business transacted under the assumed business name is:   Image: Service stransportation and Public Utilities   Image: Service stransport stranspo	
4. The name and address to which future correspondence should be addressed: <u>Dawn Fuller</u> <u>4525 W Brennan St.</u> Bouse FD 83705	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Dawn Fuller <u>41035 NI. Mauntanii Ulaud</u>	
Baule TA 83704	Secretary of State use only
Printed Name:	
Capacity/Title: Sole Proprietar	
Signature:	
Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE 03/03/2011 05:00 CK: 179 CT: 256119 BH: 1262471 1 0 25.00 = 25.00 ASSUM MANE # 2
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