CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

Farren Engine	ering
	dress(es) of the entity or individual(s) doing
Name	Complete Address
Jon P. Farren	3904 Albion St.
	Boise, ID 83705
3. The general type of business transa (mark only those that apply)	acted under the assumed business name is:
	facturing Transportation and Public Utilities
_ ;	ulture
Services	truction
Services Const The name and address to which fut correspondence should be address 3904 Albion 54	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson

Printed Name: Jon

Capacity: Presiden

(see instruction # 8 on back of form)

1 0 20.00 = 20.00 ASSUM NAME # 2

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