FILED EFFECTIVE

Q

2015 MAY -6 PM 12: 56

ASSUMED BUSINESS NAME

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 filling.

the entity or individual(s) doing Complete Address 11th St. Box 185, McCammon, ID 8325 the assumed business name is: d Public Utilities
6 11th St. Box 185, McCammon, ID 8325 the assumed business name is:
the assumed business name is:
Submit Certificate of Assumed Business Name and \$25.00 fee to:
Secretary of State 700 3025 Inforced Boise ID 83720-0080
208 334-2301
* * * * * * * * * * * * * * * * * * * *
Phone number (optional):
Table & street
Secretary of State use only

Signature: X7

Printed Name:

Richard Cabrera

Capacity/Title:

(see instruction # B on back of form)

Owner/Operator

IDAHO SECRETARY OF STATE 05/06/2015 05:00

CK:2816242 CT:172099 BH:1474347 10 25.00 = 25.00 ASSUM NAME #2

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