

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.

07 JUN -8 PH 2: 37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

| 1. The assumed business name which the un business is: BUCON Ideingo | dersigned use(s) in the transaction of |
|--|--|
| 2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Bycon A Tolzingo | of the entity or individual(s) doing ne: Complete Address 1607 (Anal 57 85/5e 8370 |
| 3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: | sider the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Boise ID 83720-0080 208 334-2301 |
| | Secretary of State use only |
| Signature: (signature required) | forms/at/ |
| Printed Name: Byron A Idzinga | IDAHO SECRETARY OF STATE BE ME |
| Capacity/Title: owner | IDAHO SECRETARY OF STATE DOCTOR |
| (see instruction # 8 on back of form) | D112212 |