

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.

11 MAR 14 AM 8: 18

Please type or print legibly. Instructions are included on back of application.

SECRELARY OF STATE STATE OF IDAHO

1	STATE OF IDAHO
1. The assumed business name which the	e undersigned use(s) in the transaction of
business is:	1
ANUAL IKON	<u></u>
2. The true name(s) and <u>business</u> address business under the assumed business Name Rick Henson	
<u> </u>	
	ed under the assumed business name is: ation and Public Utilities ation
Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: ANUAL TRON P.O. Box 3288 HAVDEN TD 83835	Occidedly of Ciaco
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment
	Secretary of State use only
Signature: Richard	
Printed Name: RICK HENSON	
Capacity/Title: Owner / Operato	\overline{c}
Signature:	IDANG SECRETARY OF STATE
Printed Name:	03/14/2011 05:00 CK: 6619 CT: 245619 BH: 1263991
Capacity/Title:	1 9 25.00 = 25.00 ASSUM MANE # 2
	 -

abn.pmd Rev.07/2010 D145979