

Capacity/Title: <u>OWNER</u>

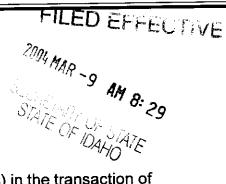
(see instruction # 8 on back of form)

CERTIFICATE OF 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 filing.



1. The assumed business name which the undersig	ned use(s) in the transaction of
business is: Tripper line Electri	<u>C</u>
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name On the business name Name The general type of business transacted under the business address(es) of the business name: Name Na	Complete Address (MBA) HOLARIAN ASSI Bellevill 2331
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Randy W. Johnson P.O. Bex \$51 Bellevius J. J. d. \$3313	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional):
	Secretary of State use only
Signature	D113661
Signature: (signature required) Printed Name: Randy W, Tohnson	IDAHO SECRETARY OF STATE 93/09/2004 05:00 CK: 5048 CT: 158010 BH: 731714 1 0 25.00 = 25.00 ASSUM NAME # 2