

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FILED EFFECTIVE

2015 FEB 10 AM 8: 11

SECRETARY OF STATE STATE OF IDAHO

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

es) of the entity or individual(s) doing time: Complete Address 1627 Shady Pine Dr. Idaho Falls, ID 83404 Under the assumed business name is: on and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
Submit Certificate of Assumed Business
Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
ent
Secretary of State use only
IDAHO SECRETARY OF STATE

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Signature:

Printed Name: _____

Capacity/Title:___