

## CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME **CERTIFICATE OF**

Pursuant to Section 53-504, Idaho Code, the undersitified UG -6 PH 1: 33

Please type or print legibly.

NOTE: See instructions on reverse before filling. SECRETARY OF STATE

STATE OF IDALIG

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address	
Ryan J Pearce	551 ZIIU AVE VV TWIII FAIIS,ID 65501
. The general type of business transacted u	under the assumed business name is:
79-97-8-8	on and Public Utilities
	1
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	e Name and \$25.00 fee to:
The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Ryan J Pearce	PO Box 83720
	Boise ID 83720-0080
551 2nd Ave W Twin Falls,ID 83301	208 334-2301
5. Name and address for this acknowledge	nent Phone number (optional):
COPY IS (if other than # 4 above).	208-731-8323
	Secretary of State use only
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nature: Kel Hand	To the second se
(signature required)	and D42003
nted Name: Ryan J Pearce	
nted Name: Ryan J Pearce  pacity/Title: Owner	IDAHO SECKETARY OF STATE OF ST

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