

Capacity/Title: <u>owner</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FRED ENTED THE Pursuant to Section 53-504, Idaho Code, the undersigned Submits for filing a certificate of Assumed Business Name 10 11 9: 10

Please type or print legibly. NOTE: See instructions on reverse before filing.

entity or individual(s) doing Complete Address Box 1/28 W. Oak Avenue Ourn, 10 83849 e assumed business name is: ublic Utilities Submit Certificate of
Box 1128 W. Oak Avenue ourn, 10 83849 e assumed business name is: ublic Utilities
ublic Utilities
Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Phone number (optional): (208)752-/9/ユ
Secretary of State use only
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IDAHO SECRETARY OF STATE

03/10/2006 05:00

CK: 1060 CT: 158010 BH: 942404

1 0 25.00 = 25.00 ASSUM NAME # 2

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