

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.

2006 DEC -1 AM 8: 52

Please type or print legibly.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

D105980

NOTE: See instructions on reverse before filing.	SIAIL OF IDATE
1. The assumed business name which the undersigned to	use(s) in the transaction of
business is:	liva
business is: Babin Sm Well Pul	1119
2. The true name(s) and business address(es) of the enf	tity or individual(s) doing
business under the assumed business under the as	Complete Address
PAIDH ROBINSON P.O. 1	XX 06 42/029
MAR	Sing, 10 0907
3. The general type of business transacted under the as	ssumed business name is:
Transportation and Public Utilities	
Retail Hade	
☐ Wholesale Trade ☐ Construction ☐ Agriculture	Submit Certificate of
K Services	Assumed Business
Wardaotamy	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Secretary of State
4. The name and address to which future	700 West Jefferson
correspondence should be addressed:	Basement West
50-00	PO Box 83720
JHYYIC	Boise ID 83720-0080 208 334-2301
	200 00 . 200
	Phone number (optional):
 Name and address for this acknowledgment copy is (if other than # 4 above). 	
Copy is (ir other than # 4 above).	
	Secretary of State use only
122	
0.1100	
Signature: Melfineture (southput)	
Printed Name: Kalph Kokinson Canacity/Title: Owner	IDAHO SECRETARY OF STATE 12/01/2006 05:00
Capacity/Title: Owner	CK: 231858 CT: 158010 BH: 1016751 1 0 25.00 = 25.00 ASSUM MAME 8 2