## **CERTIFICATE OF**

## FILED EFFECTIVE

D117044

ASSUMED BUSINESS NAMED 23 AM 9: 04

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business WalneARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filling.

or individual(s) doing omplete Address  SOA DR IDAHOFALS, ID  83404  med business name is:
83404
med business name is:
Jtilities
Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
none number (optional): 208-528-0714
Secretary of State use only