

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

2013 APR 19 AM 8: 43

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

SECRETARY OF STATE

Samuel Fomo Adam Anderson	Po B	Complete Address  SOX SCS FURTHALL  BOX C3 B Pocale	
	oortation and Pub ruction ulture		
The name and address to which fut correspondence should be address  A E E Flectric  Bt. 2 Box G3B Pocatello		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
Name and address for this acknowl copy is (if other than # 4 above).	edgment		•
		Secretary of State use only	i

abn.pmd Rev. 07/2010

Capacity/Title: 49% owner

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