

CERTIFICATE OF ASSUMED BUSINESS NAME Oursuant to Section 53-504 Material

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

2001720-4 16:5:1

STATE OF TOAHO

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

The assumed business name which the unbusiness is: FERRIE	ELLO SALES
LINNE	LLO SALES
2. The true name(s) and business address(establishess under the assumed business name Name DENNIS FERRIELLO LLC	s) of the entity or individual(s) doing me: Complete Address 2105 CORONADO IDAHO FALLS ID
3. The general type of business transacted ur	nder the assumed business name is:
	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: KARI CAMPOS 	Secretary of State 700 West Jefferson Basement West
2105 CORONADO IDAHO FALLS ID 83404	PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmer copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
Signature: Constitute required) Printed Name: DENNIS FERRIELLO	IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE IDAHO SECRETARY OF S
Capacity/Title: MANAGER	IDAHO SECRETARY OF STATE 102/04/2005 65:00 CK: 2821 CT: 185848 BH: 791114
(see instruction # 8 on back of form)	S COLUMN NO MARK 1 C

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