(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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



 The assumed business name which the under business is: Toung blood & lectric The true name(s) and <u>business</u> address(es) 	<u>. </u>
business under the assumed business name	e: Complete Address
<u>Name</u>	
Chad R. Young sloud	1032 ASDEN GROVE
	NAmpa Id. 83686
3. The general type of business transacted unc	der 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:
4. The name and address to which future correspondence should be addressed: Some AS	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional): (208) 463-1726
Some AS	Secretary of State use only
Signature: / had Down Ward (Stageture required) Printed Name: Chad Riley Young 5/60d	IDAHO SECRETARY OF STATE 92/05/2004 05:00 CK: 4401 CT: 158010 BH: 725005 1 9 25.00 = 25.00 ASSUM MANE # 2
	1 0 25.00 = 25.00 ASSUM MAME # 2
Capacity/Title: Owner	رو ا