FILED EFFECTIVE



Capacity/Title: MANAGER

(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.

ts for filing a certificate of Assumed Business Name Please type or print legibly.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

10 JUN 16 PM 3: 31

SECRETARY OF STATE STATE OF IDAHO

SPRING CREEK CO	NSULTING
2. The true name(s) and business address(es) business under the assumed business nam Name TDAHO MC, LLC (W37345)	
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: T. MICHAEL DIVITTORIO " Same as above"	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Inature:	Secretary of State use only Secretary of State use only SECRETARY OF STATE

IDAHO SECRETARY OF STATE 96/16/2010 05:06 CK: 1338 CT: 248952 BH: 122694 1 8 25.88 = 25.66 ASSUM MANE

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