

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned SEP -2 AH 9: 26 submits for filing a certificate of Assumed Business Name:

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

STATE OF IDAHO

se(s) in the transaction of
ty or individual(s) doing Complete Address <u>S Linealn, Jerome,</u> #6
umed business name is: Utilities
Submit Certificate of Assumed Business Name and \$25.00 fee to:
Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Phone number (optional): (208) 324-8244
Secretary of State use only \$\int 85222 IDAHO SECRETARY OF STATE \$\text{29/02/2003 05:00} CK: 988124 CT: 158818 BH: 699397 18: 25.88 SSUM NAME # 2