Capacity/Title: Member

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME FILED EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 7004 JUN -9 AM 8: 45

Please type or print legibly.

	_		-	_	•	
NOIE:	See	instructions	on	reverse	before	filing.

STATE OF IDAHO

Magic Valley Exxon			
(, ) 71 (()	of the entity or individual(s) doing ne:  Complete Address  1330 Blue Lakes Blvd N Twin Falls, ID 8330/		
Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining			
Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Blue Lakes Gas. L.L.C.  1230 Blue Lakes N.  Twin Falls, ID 83301	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301		
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 733-5989		
ed Name: Rehecea Hazen	Secretary of State use only		

IDAHO SECRETARY OF STATE 06/09/2004 05:00 CX: 2055 CT: 150010 DH: 749421 1 0 25.00 = 25.00 ASSUM HAME 8