227	
CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS	S NAME
Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed E	he undersigned mir May in the second
Please type or print legibly.	
Instructions are included on back of app	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is: <u>Five Services of Idaho</u>	
<ol> <li>The true name(s) and <u>business</u> address(es business under the assumed business name <u>Name</u></li> </ol>	s) of the entity or individual(s) doing ne: <u>Complete Address</u>
FSI acquisiton Company	Lolo Mallard St.
(1,205440)	Chubbuck 10 83202
<ul> <li>3. The general type of business transacted un</li> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li>Five Services of Idd ho</li> <li>UC Mallard St.</li> <li>Chubbouck, ID 83202</li> <li>5. Name and address for this acknowledgmen copy is (if other than # 4 above):</li> </ul>	and Public Utilities Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Kicharde	Secretary of State use only
Signature: <u>Chad Richardson</u>	IDAHO SECRETARY OF STATE 05/15/2015 05:00
Capacity/Title: <u>Mumber</u>	CK:2843160 CT:172099 BH:1475697 1@ 25.00 = 25.00 ASSUM NAME #2
Signature:	
Printed Name:	N IMARIAI
Capacity/Title:	D 179061

abn.pmd Rev. 07/2010