

## CERTIFICATE OF ASSUMED BUSINESS NAME

2014 MAR -3 PM 3: 08

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

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

The assumed business name which the public business is:  One of the business of the business is:	
2. The true name(s) and <u>business</u> address( business under the assumed business na	es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Maleang Power	3178 N 3365 W
chad Powell	MOOK DO 83255
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	on and Public Utilities on Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  P.O.BOX 406  Moore DO 83255	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
Signature 1 1 or 0 0 of 1 th	Secretary of State use only
Printed Name: Malean&Power  Capacity/Title: Owner	12168377
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	Ø3/Ø3/2014 Ø5:00 CK: 4888 CT: 293694 BH: 1413217
Capacity/Title:	1 @ 25.00 = 25.00 ASSUM HAME # 2