

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

10 SEP 16 AM 8: 26

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.

Murra	y Water Works
The true name(s) and <u>business</u> address business under the assumed business n	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted  Retail Trade Transportat  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Esta  4. The name and address to which future correspondence should be addressed:  Arlen M Lish  410 Valleyview Rd.  Kingston , ID 83839  Name and address for this acknowledgm copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature:	Secretary of State use only
Printed Name: Arlen M. Lish Capacity/Title: Owner	01421572
Signature: Printed Name:	IDAHO SECRETARY OF STATE  99/16/2010 05:00  CK: 177070 CT: 158010 BH: 1239084  1 0 25:00 = 25:00 ASSUM NAME # 2

abn.pmd Rev. 07/2010