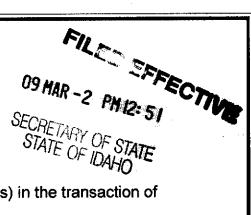


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



The assumed business name which the u business is: Angle 6	& Associates	use(s) in the transaction of	
The true name(s) and business address(e business under the assumed business na Name	eme: 6600	ntity or individual(s) doing Complete Address S. 5th Ave., Pocatello, Idaho 8320 S. 5th Ave., Pocatello, Idaho 8320	
3. The general type of business transacted usiness transacted usiness transacted usiness transacted usiness transacted usiness and transportation with the second s	on and Pub	lic Utilities	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	e	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
The name and address to which future correspondence should be addressed: Robert L. Angle	·	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
6600 S. 5th Ave.	•	(208) 334-2301	·
Pocatello, ID 83204	· _		J
Name and address for this acknowledge copy is (if other than # 4 above):	nent		
		Secretary of State use only	· · · · · · · · · · · · · · · · · · ·
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1 1 7 10 1	e Spurpe	and the second s	
Signature: (signature required)	n forms	IDAHO SECRETARY OF	STATE
Printed Name: Robert L. Angle	grkoopstomskabn formskabn.p65 Revised 04/2003	CM1 1-1000 010 1000 110	95 : 66 H: 1159272 NH HANE : 2
Capacity/Title: Owner	- cheorphi	} # 50-80 = 50-90 Hox	2011 MANERS
(see instruction # 8 on back of form)		D128703	