Capacity/Title:



## **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.

11 MAR 21 AM 10: 29

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

1. The assumed business name which the under business is:  [Mergeway foolsn.]	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Name	
3. The general type of business transacted under Retail Trade Transportation at Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is:  nd Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  EFP SunMy 10400 W. Odulant Ted. #37/ Basic, Edolog \$3709	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Printed Name: Dale O. Bostrom.  Capacity/Title: Owner.	D Heles
Signature Calo Bollono	IDAHO SECRETARY OF STATE  @3/22/2011 @5:00  CV. 2849 CT. 254421 RM: 1265397
Printed Name:	CK: 2049 C1: 236021 BH: 126337/ 1 B 25.80 = 25.88 ASSUM MANE # 2