

Capacity/Title: OWN ER

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned of MAR -6 PM 3: 03 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

FILED EFFE SECRETARY OF STATE

. The assumed business name which the under business is:	ersigned use(s) in the transaction of
B,R, OlliNGER AND A	550CIATES
. The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business name	
Name	Complete Address
BILL R.OILINGER	1897 UTUMBLECREEK DR
	MEPIDIAN ID. +3646
. The general type of business transacted und	ler the assumed business name is:
Thomas della	and Dublia Litilities
	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
. The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street
	PO Box 83720 Boise ID 83720-0080
BILL R. OILINGER	D0194 1D 001 20-0000
1897 W. TUMBLECREEK DR	(208) 334-2301
MERIDIAN ID &3646	
WIEXIDIATO II) & DE 76	
5. Name and address for this acknowledgmer	n <b>t</b>
COpy is (if other than # 4 above):	
	Secretary of State use only
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nature: (signature required)	104/2003

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