

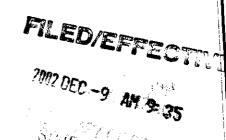
Capacity/Title: OWNER

(see instruction # 8 on back of form)

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.



D40559

business is: SUSPENDED IN TIME		
The true name(s) and <u>business</u> address(es) business under the assumed business name Name MARY WADE ROD WADE	226 SHOS	Complete Address HONE AVE REXBURG, ID 83440 HONE AVE REXBURG, ID 83440
X Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: MARY WADE 226 SHOSHONE AVE	and Publ	sumed business name is: ic Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
REXBURG, ID 83440 5. Name and address for this acknowledgr copy is (if other than # 4 above):	nent	Phone number (optional):
Signature:	pikumsiabn komskabn p65 Runsad 077,0002	Secretary of State use only IDANO SECRETARY OF STATE 12/09/2002 05:00 CK: 1098 CT: 158010 BH: 650173 1 @ 20.00 = 20.00 ASSUM NAME #