

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.

05 SEP 21 PM 1: 30

Please type or print legibly.

SECRETARY OF STATE

Please type or print legibly. NOTE: See instructions on reverse before filing.	STATE OF IDAHO
NOTE: See Instructions	(s) in the transaction of
1. The assumed business name which the undersigned use business is: (1) COMMUNE TOTAL (2) COMMUNE TOTAL (3) COMMUNE TOTAL (4) COMMUNE TOTAL (5) COMMUNE TOTAL (6) COMMUNE TOTAL (7) COMMUNE TOTAL (8) COMMUNE TOTAL (8) COMMUNE TOTAL (9) COMMUNE TOTAL (1) COMMUNE TOTAL (2) COMMUNE TOTAL (3) COMMUNE TOTAL (4) COMMUNE TOTAL (4) COMMUNE TOTAL (5) COMMUNE TOTAL (6) COMMUNE TOTAL	
2. The true name(s) and <u>business</u> address(es) of the entity business under the assumed business name: Name TOCO GNO T.D.	or individual(s) doing omplete Address MO St. DOSIC 83706
3. The general type of business transacted under the assu	umed business name is: Utilities
Retail Trade Wholesale Trade Agriculture Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Tricia Chio DIA CMU St Vosic I.D.	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): (306)630-4024
	Secretary of State use only
Signature: (signature required) Printed Name: 1000 Capacity/Title: 000/PO (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 99/21/2005 05:00 CK: 1849 CT: 192584 BH: 912841 1 8 25.68 = 25.66 ASSUM HANE # 2