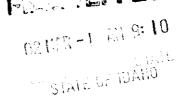


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name ASIMA MARKALLO 32	Complete Address
3. The general type of business transacted unde Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: KATAL Brance	sor the assumed business name is: Ind Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West
3749 N. Cloverdale Rd Bolse, Id. 53713 5. Name and address for this acknowledgmen copy is (if other than #4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 308 376 7278
gnature: // // // // // gnature: // // // // // gnature: // // // // // // // // // // // // //	IDAHO SECRETARY OF STATE 03/01/2002 05:06 CK: 18185 CT: 88201 BH: 44925 1 8 28.88 aSSUM NAME

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