Capacity/Title: Owner

(see instruction #8 on back of form)

227



## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name.

OH NOV 23 AM 9: 16

FILED EFFE OTTO

SECRET-A OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

ed use(s) in the transaction of
entity or individual(s) doing
Complete Address  716 Cliffmck Rd.  lampa Id 83651
assumed business name is:
olic Utilities
Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
Secretary of State 700 West Jefferson Basement West
PO Box 83720 Boise ID 83720-0080 208 334-2301
Phone number (optional):
Secretary of State use only
IDAHO SECRETARY OF STATE 11/23/2004 05:06 CK: CASH CT: 158018 BH: 77809