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CERTIFICATE OF ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the und submits for filing a certificate of Assumed Business Please type or print legibly. NOTE: See Instructions on reverse before filing	SIGNETARY OF STATE
1. The assumed business name which the undersig business is:	
 2. The true name(s) and business address(es) of the business under the assumed business name: Name VICGINIA_s Michael Bond 3. The general type of business transacted under the management of the business transacted under the busi	Complete Address <u>3411 W Pine Hill Dr.</u> <u>Coeur d'Akne ID</u> <u>83814</u> e assumed business name is: ublic Utilities Submit Certificate of Assumed Business
 Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Michael Vinainia Bond 3411 W Pine Hill Dr. Coeur d'Alene 10 838/4 Name and address for this acknowledgment CODV is (If other then #4 shoure). 	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Copy IS (II other than # 4 above): Signature: UMQUIA Bond Printed Name: VINGINIA Bond Capacity/Title: OWMEN (see instruction # 8 on back of form)	208 769 9356 Secretary of State use only IDAHO SECRETARY OF STATE 12/16/2005 05:0 CK: 1159 CT: 158010 BH: 92
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