

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

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

11 DEC -2 AM 9: 05

Please type or print legibly. Instructions are included on back of application.

SECR. STATE OF IDAMO

 The assumed business name which the undersigned use(s) in the transaction of business is: 	
DR	Haz Mat
The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Daryl Riedinger	· · · · · · · · · · · · · · · · · · ·
	Idaho 83623
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: DR Haz Mat	on and Public Utilities Submit Certificate of Assumed Business
PO Box 852	208 334-2301
Glenns Ferry, Idaho 83623	
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State use only
Signature: Will 2	
Printed Name: Daryl Riedinger	
Capacity/Title:	
Signature:	IDAHO SECRETARY OF STATE 12/02/2011 05:00 CK: 7033 CT: 158010 BH: 1300107
Printed Name:	1 0 25.00 = 25.00 ASSUM MANE 1 2
Capacity/Title:	D151681