

## **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.

2013 AUG -8 AM 9: 02

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

SEQUENCE STATE

| The assumed business name which the unders business is:                                                      | igned use(s) in the transaction of                                                       |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| business is:  H45 Water Dis                                                                                  |                                                                                          |
| The true name(s) and <u>business</u> address(es) of to business under the assumed business name: <u>Name</u> | the entity or individual(s) doing  Complete Address                                      |
| Heatherlands/Sundance<br>Water Dishiot,<br>Incorporated                                                      |                                                                                          |
| 3. The general type of business transacted under t  Retail Trade  Wholesale Trade  Construction              | he assumed business name is:<br>Public Utilities                                         |
| Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate                              | Submit Certificate of Assumed Business Name and \$25.00 fee to:                          |
| 4. The name and address to which future correspondence should be addressed:  H45 Watur Dn Shi Ct             | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301    |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above):                               |                                                                                          |
| Signature:                                                                                                   | Secretary of State use only                                                              |
| Printed Name: Lava 6vordat Capacity/Title: ASNUATION Manager Signature:                                      |                                                                                          |
| Printed Name:                                                                                                | IDAHO SECRETARY OF STATE                                                                 |
| Capacity/Title:                                                                                              | 08/08/2013 05:00<br>CK: 50243 CT: 286195 BH: 1385330<br>1 8 25.00 = 25.00 ASSUM NAME # 2 |

1) 16503