Capacity/Title:



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D148377

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

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

11 JUN 16 PM 1:37 STATE OF IDAHO

 The assumed business name which business is: 	h the undersigned use(s) in the transaction of
SAVE Green	
2. The true name(s) and <u>business</u> add business under the assumed busin Name Glocia Baben é	dress(es) of the entity or individual(s) doing ess name: <u>Complete Address</u> 1218 N (o M ST BoisE, I) 8370
Retail Trade Trans	acted under the assumed business name is: portation and Public Utilities truction
Thiological Hade	g Submit Certificate of Assumed Business
4. The name and address to which fur correspondence should be address 12 18 N. 16 5. Sand Boule 120 83702	Sed: 450 North 4th Street
5. Name and address for this acknow copy is (if other than # 4 above):	ledgment
44.4	Secretary of State use only
Signature: Derb Boleso	· · · · · · · · · · · · · · · · · · ·
Printed Name: Glocia Babe	ne_
Capacity/Title: MANAGEN	IDANO SECRETARY OF STATE
Signature:	06/16/2011 05:00 CK: CASH CT: 158818 BH: 1278771
Printed Name:	1 M 25.88 = 25.89 ASSUM NAME # 2

abn.pmd Rev. 07/2010