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## CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE

Please type or print legibly.  NOTE: See instructions on reverse before	STATE OF IDAHU
1. The assumed business name which the under business is:	m a
2. The true name(s) and business address(es) or business under the assumed business name:  Name  Shamrock, TNC  C50350	
3. The general type of business transacted under Retail Trade Transportation at Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	r the assumed business name is:  nd Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720
390 N Eastern AVE Than Falls, Ind 83402  5. Name and address for this acknowledgment copy is (if other than # 4 above):  Tions Bank	Boise ID 83720-0080 (208) 334-2301
1235 S Utah AVE  Tokka FA/s Tol 83402  Signature: Particul  (algorithms required)  Printed Name: Rankhyve	Secretary of State use only    Secretary of State use only   Secretary of State
Capacity/Title:(see instruction # 8 on back of form)	E CK: 131632869 CT: 112633 BH: 1147388 1 8 25.88 = 25.88 ABSUM NAME # 2