CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	ATE OF IDAHO aho Code, the Shift sig h eth 9: 68 Assumed Business Name of STATE
1.	The assumed business name which the uno business is:	indersigned use(\$) in the tile Alle ction of
	Mobile Pipe Beg	Par
2. The true name(s) and business address(es) of the entity or individual business under the assumed business name is/are:		
	Brett Somen	Complete Address 5 12 1682 N. La Neuroca Qve IF 10 83401
	Kelly Somsen 1	682 No Lakeword (I 1 10 83401
3.	The general type of business transacted un (mark only those that apply)	under the assumed business name is:
	 ☐ Retail Trade ☐ Wholesale Trade ☐ Services ☐ Construction 	Finance, Insurance, and Real Estate
4.	The name and address to which future Properties of the correspondence should be addressed:	Phone number (optional):
	682 N. Lakeword ave	Submit Certificate of Assumed Business Name and \$20.00 fee to
	Idaho Falls, ID 83401	Secretary of State
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	700 West Jefferson Pasement West Series PO Box 83720 PO Source PO Box 83720-0080 PO 208 334-2301
		Secretary of State use only 1DAHO SECRETARY OF STATE
Signature: Brown Street W. Sinite ### 19410 SECRETARY OF SINIE ### 25/21/1999 @9:00 CK: 111355237 CT: 115286 BH: 218858		
Balt Strace AVO		
Capacity: Owner (see instruction # 8 on back of form)		

Please Respond ASAP Thank