

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME DEC -9 RIT 9: 19 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly.

NOTE: See instructions on reverse before filing.

Complete Address
•
102E 1005 Busha I 83311
102E 1005 BB/4. TA 9231
1020 100 3 1 May 1991 1 1 5 50 6
er the assumed business name is:
if the assumed business name is.
nd Public Utilities
Submit Certificate of
Assumed Business
Name and \$25.00 fee to:
Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301
Phone number (optional):
i ii tii tii tii tii too (opiio) lai/.

170

IDAHO SECRETARY OF STATE
12/09/2004 05:00
CK: 3583 CT: 184237 BH: 788641
1 0 25.00 = 25.00 ASSUM NAME # 2