Signature:

Printed Name:

Capacity/Title: OWNER

	<u> </u>
CERTIFICATE OF	
ASSUMED BUSINESS NAM Persuant to Section 53-504, Idaho Code, the undersi	igned 2 pu
epomits for filing a certificate of Assumed Business N	lame. Second 1972
Please type or print legibly. NOTE: See instructions on reverse before filing. The assumed business name which the undersigne	STATE OF IDAHO
The assumed business name which the undersigne business is:	ŭ
Warner Consulting	
. The true name(s) and business address(es) of the ebusiness under the assumed business name:	entity or individual(s) doing
Name	Complete Address
William F. Warner	107. Shadow End Road
	Victor, ID 8345
Retail Trade Transportation and Pul Wholesale Trade Construction	blic Utilities
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	0
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
correspondence should be addressed.	Basement West
William F. Warner	PO Box 83720
Box 713	Boise ID 83720-0080
Victor, ID 83455	208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional):
	Secretary of State use onl

(signature required) U_{William F. Warner}

(see instruction # 8 on back of form)

STATE OF IDAHO

Victor, ID 83455 e assumed business name is: ublic 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):

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IDAHO SECRETARY OF STATE 66/13/2003 65:00 CK: 2185 CT: 158810 BH: 685849 1 0 25.00 ESSUM NAME # 2

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