

Printed Name: <

Capacity/Title:

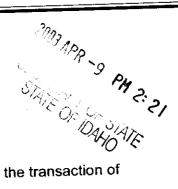
(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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.



 The assumed business name which the undersigned 	ed use(s) in the transaction of
business is: ACE Refrigeration	on <u> </u>
MICHAEL L. MEDILE	Complete Address 5 5 62 5 5 62 5 5 62 5 5 62 5 6 62 5 6 62 6 6 6 6
3. The general type of business transacted under the	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ACE Refrigeration Attn: Stephanie 505 W. 20th St.	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-524-6620
	Secretary of State use only
Signature: Lechanie Julinbeury	6/2002 6/2003

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IDANO SECRETARY OF STATE @4/28/2003 95:00 Ck: 7893 CT: 146179 MH: 677168 1 2 25.08 = 25.00 ASSUM MANE # 4

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