



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.

Instructions are included on back of application.

FILED EFFECTIVE

2016 JAN 27 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

A1-PAMDA Caboose

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Johannah B. Musseid - Frank</u>	<u>615 3rd Ave T2 Lewiston, Id 83501</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

A1-PAMDA Caboose
Johannah B. Musseid - Frank
615 3rd Ave. T2 Lewiston, Id 83501

5. Name and address for this acknowledgment copy is (if other than # 4 above):
- _____
- _____
- _____

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
01/27/2016 05:00

CK:3302 CT:319512 BH:1510646
1@ 25.00 = 25.00 ASSUM NAME #2

Signature: Johannah B Musseid Frank

Printed Name: Johannah B Musseid - Frank

Capacity/Title: Owner / Founder of A1 PC /

Signature: Johannah Musseid Frank

Printed Name: _____

Capacity/Title: _____

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