

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO **FILED/EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned **01 MAY 10 AM 8:45**
gives notice of adoption of an Assumed Business Name.

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

ACE BOILER, HEATING & AIR CONDITIONING

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

Name

Complete Address

MICHAEL L. MENCKE

505 W 20th St, Idaho Falls, ID 83402

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208 524-6620

ACE BOILER, HEATING & AIR CONDITIONING

505 WEST 20TH STREET

IDAHO FALLS, ID 83402

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0030
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

05/10/2001 09:00
CK: 6239 CT: 146179 BH: 396264

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: *M L Mencke*

Printed Name: MICHAEL L. MENCKE

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/87

g:\corpforms\slabn.pmf

D45202