

CERTIFICATE OF ASSUMED BUSINESS NAME

Owner

(see instruction # 8 on back of form)

Capacity/Title:__

	FILED ST PECTIVE
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business Name of the section of the submits for filing a certificate of the submits for filing a certificate of the submits for filing as type or print legibly. NOTE: See instructions on reverse before filing.	NE igned
1. The assumed business name which the undersigne business is: All Seasons Mecha	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the obusiness under the assumed business name: Name Larry D. Meeker zoo Me	entity or individual(s) doing Complete Address 1. S. Weimaraner Way ridian , ID 83642
3. The general type of business transacted under the Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: All Seasons Mechanical ZOZI S. Weimaraner Way Meridian, ID EBEYZ 5. Name and address for this acknowledgment	
	(z>8) 884 - 2199

IDAHO SECRETARY OF STATE 06/25/2004 05:00 CK: 1340 CT: 158010 BH: 752384 1 0 25.00 = 25.00 ASSUM NAME # 2