

Signature:

Printed Name:

Capacity/Title: <u>UUNI</u>

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME 2003 MAR 21 AM 9: 15

FILED EFFECTIVE

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. STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is:  Arctic Blast	
2. The true name(s) and business address(es) of the elbusiness under the assumed business name:  Name  Name  Name  Name  Name	ntity or individual(s) doing  Complete Address  Nukrat Ct.  War Id SUST
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  SAME AS ABOVE	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):
	Secretary of State use only

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IDAHO SECRETARY OF STATE

03/21/2003 05:00

CK: 3770 CT: 158010 BH: 670093
1 0 20.00 = 20.00 ASSUM NAME # 2