

Capacity/Title:__

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 SEP -3 PM 12: 37

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es) business under the assumed business name	
Alan W. Frankle	Complete Address 1491 Lewis Lane Baise ID
3. The general type of business transacted und	ler the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: AUF Consulting 1491 Lewis Lane	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	ıt
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IDAHO SECRETARY OF STATE

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CK: 2263 CT: 249274 BH: 1185676
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