



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 SEP -9 PM 1:18

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Aire-Master of Inland Empire

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>Bates Group LLC</u>	<u>2827 Pascoe Ln</u>
<u>(W 30411)</u>	<u>Nampa, ID</u>
	<u>83686</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:

Same as above

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

Donna Bates

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

Signature: Donna A. Bates
 Printed Name: Donna A. Bates
 Capacity/Title: President
 Signature: _____
 Printed Name: _____
 Capacity/Title: _____

IDAHO SECRETARY OF STATE
 09/09/2013 05:00
 CK: 1200 CT: 287329 BH: 1389310
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D165655