

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the under signed C = 1 13 3 17 submits for filling a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse be	STATE O TURNE fore filing.
The assumed business name which the usiness is: AE Environmenta	
2. The true name(s) and <u>business</u> address(e business under the assumed business na Name Cathering Reno Marianne Liffle Hollif Gilbert	es) of the entity or individual(s) doing time: Complete Address P.O. Box 50564, Idahofalls, ID 83462 P.O. Box 50564, Idahofalls, ID 83462 P.O. Box 50564, Idahofalls, ID 83462
1 1	Submit Certificate of
 Name and address for this acknowledgme copy is (if other than # 4 above): 	nt Phone number (optional): (208) 339-3445
	Secretary of State use only
rinted Name: Cothering & Reno apacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/01/2004 05:00 CK: 4731 CT: 184658 BH: 779225 1 2 25.00 = 25.00 ASSUM NAME # 2
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