

## CERTIFICATE OF ASSUMED BUSINESS NAME

## **FILED EFFECTIVE**

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

2014 JUH 27 PH 12: 55

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

2.	The true name(s) and <u>business</u> address(es business under the assumed business nam Name  Alan Paio	- · · · · · · · · · · · · · · · · · · ·
3.	The general type of business transacted un  Retail Trade Transportation  Wholesale Trade Construction	der the assumed business name is: and Public Utilities
	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:  Flying Hawaiian Services	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
	P O Box 1641 Eagle, ID 83616	208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	
		Secretary of State use only
	d Name: ALAN PAIO	

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