

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 APR 26 PM 12: 05
SECRETARY OF STATE
STATE OF TO AHO

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

 The assumed business name which the business is: C2 AFT AAVEATION 6 The true name(s) and <u>business</u> address business under the assumed business 	ss(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
ADAM PAUL CUNEO	7154 U. Jhk Street # 250
	Roise 10 83714
3. The general type of business transacte Retail Trade Transports Wholesale Trade Construct Services Agricultur Manufacturing Mining	ation and Public Utilities tion re Submit Certificate of
Finance, Insurance, and Real Es	1,0,110,0,110,100,100
4. The name and address to which future correspondence should be addressed: 7154 W State St # 250 Build 10 83714	450 North 4th Street
5. Name and address for this acknowledged copy is (if other than # 4 above):	gment
Signature:	Secretary of State use only
Printed Name: Ao Aw CVNEO	_
Capacity/Title: OWNER	_
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	04/26/2012 05:00 CK: 975211 CT: 172899 BH: 1321553
Capacity/Title:	1 # 23.88 # 23.88 #55UN NAME # 2

abn.pmd Rev. 07/2010

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