

CERTIFICATE OF FILED EFFECTIVE **ASSUMED BUSINESS NAME**

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

Please type or print legibly.

2009 APR 27 PH 2: 05

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
(W82399)	
 Wholesale Trade ✓ Services Manufacturing ✓ Finance, Insurance, and Real Estate 	submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: APS Northwest LLC dba HomeModifier	450 N 4th Street PO Box 83720 Boise ID 83720-0080
1616 E Seltice Way	(208) 334-2301
Post Falls, ID 83854	
Name and address for this acknowledgme copy is (if other than # 4 above):	en t
	Secretary of State use only

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