CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO	
Pursuant to Section 53-504, Idaho Code, the undersigned OF STATE	
1. The assumed business name which the undersigned use(s) in the transaction of business is: A 1 - HIR VENT TRI STATES	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Oregory DHUIS LOGS E Maple SAL	
3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining	
 4. The name and address to which future correspondence should be addressed: A1- AIR VENT TRISTAGES 698 E Maple PL Hayden, Fahno 83835 5. Name and address for this acknowledgment copy is (if other than # 4 above): 	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
on 2/97	Secretary of State use only

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Signature: Many Ranki
Printed Name: Gregory Davis
Capacity: President
(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 06/25/2002 05:00 CK: 193 CT: 158810 BH: 473687 1 0 20.00 = 20.00 ASSUM NAME # 2