

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

(see instruction #8 on back of form)

| Please type or print legibly. NOTE: See instructions on reverse bef | fore filing. |
|---|--|
| The assumed business name which the u business is: | STATE OF STATE Indersigned use(s) in the transaction of |
| AERISLINK.COM | in the second se |
| The true name(s) and <u>business</u> address(estable) business under the assumed business name. | ne: |
| <u>Name</u> | <u>Complete Address</u> |
| SYLVIA IVIE | CALD WELL, ID 83607 |
| 3. The general type of business transacted u | |
| Retail Trade I ransportation Wholesale Trade Construction | on and Public Utilities |
| Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business |
| 4. The name and address to which future correspondence should be addressed: AERISKINK | Secretary of State 700 West Jefferson Basement West PO Box 83720 |
| 15920 RICHWAY Dr CALDWELL ID 83607 | Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgm | nent Phone number (optional): |
| COPY IS (if other than # 4 above). | 208-454-7996 |
| | Secretary of State use only IDAHO SECRETARY OF STATE |
| gnature: <u>Sylvia L. IVIE</u> inted Name: <u>Sylvia L. IVIE</u> | Berised 162/2001 69:00 CX: 1771 CT: 143095 BH: 382563 1 20.86 = 20.88 ASSUM NAME # 2 |
| inted Name: SuLviA L. IVIE | Gornestath formstath forms |
| anacity: Ou no | Revi |

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