	CERTIFICATE O	F	FILED	
Pursuant	to Section 53-504, Idaho Code, or filing a certificate of Assumed	the undersig		
	lease type or print legibly. instructions on reverse bef	ore filing.	SECRETARY OF STATE STATE OF IDAHO	
1. The assumed the business is:	ousiness name which the u	ndersigned	use(s) in the transaction of	
	BEST HEAT	TING & COOL	ING	
	(s) and business address(e the assumed business na		· · · · ·	
МА	Name MARK W MILEWSKI		Complete Address 580 N. NEUFELD LN.	
		<u>e</u>	POST FALLS, ID 83854	
<u>.</u>		<b></b>		
3. The general typ		on and Publ	lic Utilities	
Manufact		e	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:	
	D LANE		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and add copy is (if other th	dress for this acknowledgm nan #4 above):	ent	Phone number (optional): 208-699-0707	
	, <u></u>		Secretary of State use only	
Signature: <u>M</u> , Lu Printed Name: Capacity/Title: (see instructi	(signature required) MARK W MILEWSKI OWNER on # 8 on back of form)	g:'corp/forms\abn forms\abn.p65 Revised 09/2002	IDAHO SECRETARY OF STATE 03/17/2003 05:0 CK: 1091 CT: 158010 BH: 6688 1 @ 20.00 = 20.00 ASSUM NAME	
			D 63538	