

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.

OI AUG -S AM 10: 42
STATE OF TOAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The Window Seat	
2. The true name(s) and <u>business</u> address business under the assumed business na Name Acme Aviation, LLC	(es) of the entity or individual(s) doing ame: Complete Address PO BOX 813 Rexburg, Id 83440
The general type of business transacted	d under the assumed business name is:
X Retail Trade Transporta Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: The Window Seat 4416 West 1000 North Rexburg, ID 83440 5. Name and address for this acknowledge	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
copy is (if other than # 4 above): Allied Financial Services, PLLC	
PO Box 674	Secretary of State use only
ignature: Karen W. Pierce apacity: hember Acme Aviat (see instruction #8 on back of form)	1002/10 passive 1002/10 pa

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