



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 SEP -9 AM 8:31

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

A.C. Investments

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Alfred John Lightfield</u>	<u>3912 W. Hill Rd Boise Id 83703</u>
<u>Connie L. Lightfield</u>	<u>3912 W. Hill Rd Boise Id 83703</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

3912 W. Hill Rd Boise Id 83703

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Secretary of State use only

Signature: Alfred John Lightfield

Printed Name: Alfred John Lightfield

Capacity/Title: owner

Signature: Connie L. Lightfield

Printed Name: Connie L. Lightfield

Capacity/Title: owner

IDAHO SECRETARY OF STATE

09/09/2014 05:00

CK:2047 CT:158010 BH:1440520

1@ 25.00 = 25.00 ASSUM NAME #2

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