



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

10 JUN 21 PM 12:37

**SECRETARY OF STATE
STATE OF IDAHO**

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

A & H ENTERPRISES

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

Name

Complete Address

STEPHANIE ARMIGER-HOLMAN

1434 SPRUCE AVE.

WILLIAM HECKMAN

TWIN FALLS, ID 83301

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

- | | |
|--|--|
| <input checked="" 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 type="checkbox"/> Finance, Insurance, and Real Estate | |

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

STEPHANIE ARMIGER-HOLMAN

1434 SPRUCE AVE.

TWIN FALLS, ID 83301

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

Signature: Stephanie Armiger-Holman
(signature required)
Printed Name: STEPHANIE ARMIGER-HOLMAN
Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

0140214

IDAHO SECRETARY OF STATE
06/21/2010 05:00
CK: 1223 CT: 249871 BH: 122732
1 @ 25.00 = 25.00 ASSUM NAME #