

CERTIFICATE OF

(see instruction # 8 on back of form)

FILED TITEOTIVE

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned MAY -5 AM 8: 41

submits for filing a certificate of Assumed Business Name CRETARY OF STATE

Please type or print legibly.

STATE OF IDAHO NOTE: See instructions on reverse before filing.

Reclaimed History	
The true name(s) and business address(es) or business under the assumed business name: Name APK LLC	Complete Address
(ust3547-)	511 North 3400 East, Lewisville, ID 83431
The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Reclaimed History 511 North 3400 East, Lewisville, ID 83431	
Name and address for this acknowledgment copy is (if other than #4 above):	
	Secretary of State use only
ed Name: AOAM, O KORTH	IDAHO SECRETARY OF
acity/Title: PRESTOENT	05/05/2008 CX: 1284 CT: 1681 BH 1 0 25.00 = 25.00 AS

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