



# CERTIFICATE OF ASSUMED BUSINESS NAME

10 FEB 19 AM 9:02

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

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Transbrace

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                         |
|---------------------------|--|
| <u>Brett William Aken</u> | <u>400 N. Adam Idaho Falls, ID 83401</u> |
| <u>Barbara Jean Aken</u>  | <u>400 N. Adam Idaho Falls, ID 83401</u> |

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Brett William Aken  
400 N. Adam  
Idaho Falls, ID 83401

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

Brett William Aken  
Po Box 14927  
Long Beach CA 90853

Signature: Brett William Aken  
(signature required)

Printed Name: Brett William Aken

Capacity/Title: Partner

(see instruction # 8 on back of form)

Secretary of State use only

g:\compt\format\brn\_fornis\statn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
02/19/2010 05:00  
CX: 11024 CT: 100365 BH: 1206754  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D137078