

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00

2015 OCT 16 PM 1:51

| | 1 mily 100. \$20. | 00. | | 94. | DETARY OF STATE | |
|-------------------------------|--|--|--------------|---|----------------------------|------------|
| 4 | The accumed business no | STATE OF IDANO | | | | |
| '- | The assumed business name which the undersigned use(s) in the transaction of business is: | | | | | |
| | American Apex Solar Wo | rks | | | | |
| | | | | | | |
| 2. | The individual and/or patity pages and business address(se) of these dains business and as | | | | | |
| | The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1): | | | | | |
| | • | | | · | | |
| | (Name) | 2007 1/2 N. Whitley Dr., Fruitland, ID 83619 | | | | |
| | Dr. David Owens | 2007 1/2 N. Whitley Dr., Fruitland, ID 83619 | | | | |
| | (Name) | (Address) | | | | |
| | | | | 3 | | |
| | (Name) | (Address) | | | | |
| | (Name) | (Address) | | | | |
| | | | | | | |
| 3. | The general type of business transacted under the assumed business name is: | | | | | |
| | | | | | | tailia: |
| | Wholesale Trade | Agriculture | 1 | Mining | | Junues |
| | Services | X Manufacturii | na | ======================================= | ı e, Insurance, and Re | aal Estata |
| | C OCIVICES | (75) Wienfaldotein | ຜ | | o, mourance, and re | odi Estate |
| 4. | | | | | | |
| | Mailing address for future correspondence: | | | Name and address for this acknowledgment copy is (if other than # 4): | | |
| | Pete Luther | | | copy is in other i | nan # 4). | |
| | (Name) | | | (Namé) | | |
| | 2701 N. Alder Dr., #4 | | | | | |
| | (Address) | | | (Address) | | |
| | | daho 83619 | | (2×10-1 | (Cloud | (Zintioda) |
| | (City) | (State) (Zipcode) | | (City) | (Sfate) | (Zipcode) |
| D.: | nted Name: Pete Luther | | | | | |
| PI | nied Name: 1 dio Edition | | | 31 | ecretary of State use only | |
| Sig | inature: ITO X e | elher | | I | DAHO SECRETARY OF ST | PATE |
| Dr. David Owone | | | | 10/16/2015 05:00 | | |
| Printed Name: Dr. David Owens | | | | CK:3292368 CT:172099 BH:1496635 16 25.00 = 25.00 ASSUM NAME #2 | | |
| Sig | gnature: Donid (| Juene | | 16 72. | .u = ∠5.UU ASSUM | NAME #2 |
| Pri | nted Name: | | | 1 | 182068 | |
| I IMBOU HAITO, | | | | 010200 | | |