

## CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE** 

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

2003 OCT 27 AM 9: 37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

Living Air	
The true name(s) and business address(e business under the assumed business na Name	es) of the entity or individual(s) doing time:  Complete Address  2165 Pend Oreille Cir., Idaho Falls, ID 83404
3. The general type of business transacted to Retail Trade Transportation	under the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Catherine Rae  2165 Pend Oreille Circle Idaho Falls, ID 83404	Submit Certificate of Assumed Business
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional): (208) 524-5539
	Secretary of State use only
gnature:	IDAHO SECRETARY OF STAT

1 8 25.00 = 25.00 ASSUM NAME # 2