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CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2010 NOV 10 PM 2:25

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

A & R Realty

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

<u>Name</u>	<u>Complete Address</u>
A & R Enterprises LLC (W11959)	451 W. Sedgewick Dr. Meridian, ID 83646
Robert N. Gale	451 W. Sedgewick Dr. Meridian, ID 83646
Angela M. Ham-Gale	451 W. Sedgewick Dr. Meridian, ID 83646

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

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

A & R Enterprises LLC
451 W. Sedgewick Dr.
Meridian, ID 83646

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

Signature: _____

Printed Name: Robert N. Gale

Capacity/Title: Partner

Signature: _____

Printed Name: Angela M. Ham-Gale

Capacity/Title: Partner

Secretary of State use only

IDAHO SECRETARY OF STATE
11/10/2010 05:00
CK: 547302 CT: 172099 BH: 1246744
1 @ 25.00 = 25.00 ASSUM NAME # 3

son.pmd Rev. 07/2010

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