

Signature: ____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 JUL 28 AM 8: 29

SECRETARY OF STATE

4	The essumed hyginer	STATE OF TUANU					
١.	The assumed business name which the undersigned use(s) in the transaction of business is: Aerial Mapping and Imagery Solutions						
2.	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):						
	Tate Ogden		1640 S. 4th Ave Pocatello, ID. <u>83201</u>				
	(Name)	*	(Address)				
	Elsha Leavitt (Name)		1640 S. 4th Ave Pocatello, ID. 83201 (Address)				
	(Name)	(Addre	(Address)				
	(Name)	(Acdre	(Accress)				
3,	The general type of business transacted under the assumed business name is:						
	☐ Retail Trade ☐ Construction ☐ Transportation and Public Uti				Itilities		
	Wholesale Trade		Agriculture	Mining			
	★ Services	Services					
4.	Mailing address for future correspondence:			5. Name and address for this acknowledgment			
				COPY IS (if other than a	# 4):		
	Tate Ogden			201-0-0		<u> </u>	
	(Name) 1640 S. 4th Ave			(Name)			
	(Address)	10	00201	(Address)			
	Pocatello (City)	ID (State)	83201 (Zipcode)	(City)	(State)	(Zipcode)	
	(Oily)	(Ottite)	(2.17×xxxccy	(Oily)	(50.0)	(2)2000111	
Pr	inted Name: Tate Ogd	en		Secret	ary of State use only		
	121	01/-			, 		
Si	gnature:	yours		IDA	O SECRETARY OF :	STATE	
Pr	inted Name: Elsha Le	ávitt		07/28/2017 05:00 CK:1018 CT:343331 BH:1595692 10 25:00 = 25:00 ASSUM NAME #2			
Si	gnature; Is Cull de	autt-					
					ments on the first and the first		
Printed Name:				N9/090			
Qi.	anature:						

Rev. 08/2015