

FILED/EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned, gives notice of adoption of an Assumed Business Name.

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

PROMISE LAND AVIATION

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

Name	Complete Address
<u>JOHN AKIN</u>	<u>P.O. Box 61 GRANGEVILLE, ID 83530</u>
<u>KENT RAD</u>	<u>Rt 3 Box 139 COTTONWOOD, ID 83522</u>
<u>BYRON BONNEY</u>	<u>605 N. College St. GRANGEVILLE, ID 83530</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

PROMISE LAND AVIATION
605 N. College St.
GRANGEVILLE, ID 83530

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: John Akin

Printed Name: JOHN AKIN

Capacity: MEMBER OF BOARD OF DIRECTORS

(see instruction # 8 on back of form)

Revision 12/99

g:\capforms\abn.p65

IDAHO SECRETARY OF STATE

03/22/2001 09:00
CK: 5503 CI: 144003 BH: 386417

1 @ 20.00 = 20.00 ASSUM NAME # 2

D43786