

Capacity/Title: Owner

(see instruction #8 on back of form)

CERTIFICATE OF FILED EFFECTIVE CERTIFICATE OF

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

All American Pointing 2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Kenneth Olvera	the entity or individual(s) doing Complete Address 1302 Best one Cook d'Alene Id
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade M Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 1. The name and address to which future correspondence should be addressed: All American Point was 1302 Rest ove Court d'Alent Id 83814	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-646-1857 Secretary of State use only

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