



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED/EFFECTIVE

01 NOV 13 AM 8:41

STATE OF IDAHO

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

CAROSOL VENDING

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

Name

JOHN AARON SOLOMON

Complete Address

701 MONTE VISTA DR #57
EMMETT, ID 83617

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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

JOHN AARON CAROSOL VENDING
701 MONTE VISTA DR. #57
EMMETT, ID. 83617

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

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

Phone number (optional):

208 365-5905

Signature: John Aaron Solomon

Printed Name: JOHN AARON SOLOMON

Capacity: SOLE PROPRIETOR

(see instruction # 8 on back of form)

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Revised 01/2001

IDaho SECRETARY OF STATE
11/13/2001 05:00
CK: 3136094436 CT: 153459 BH: 429138
1 e 20.00 = 20.00 ASSUM NAME # 2

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