Capacity: OWNER

## CERTIFICATE OF ASSUMED BUSINESS NAME ED (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO 98 APR 24 AM 10: 22 Pursuant to Section 53-504, Idaho Code, the undersigned SECREJANT OF STATE 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: Air Pro Power VAC Systems 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Mike Mencke 1940 AvoceT Dr AWANA MENCKE viee Idero FAILS, Id 83404. 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina 1-208 4. The name and address to which future Phone number (optional): 534-2939 correspondence should be addressed: Mike Mencke Submit Certificate of Assumed Business P.D Box 1686 -Name and \$20.00 fee to: Idaho FAlls Id 83401-1686 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY is (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDANU SECRETARY OF STATE 64/24/1998 69:66 CK: 1431 CT: 97/64 DK: 164373 Signature: 4 1 0 20.00 = 20.00 ASSUM NAME

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