

Capacity: OUNER

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned AUG -8 Fil 2: 03

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

STATE OF IDAHO

The assumed business name which business is:	the undersigned use(s) in the transaction of
Air Flow Specialist	Heating & Sheet metal
business under the assumed busines <u>Name</u>	ress(es) of the entity or individual(s) doing ss name: <u>Complete Address</u>
Mike Menkee	4050 Black Oak dr. PO Bx 1228 HAILEY, Id 83333
3. The general type of business transa	cted under the assumed business name is:
Retail Trade Transp Wholesale Trade Constr Services Agricu Manufacturing Mining Finance, Insurance, and Real	Submit Certificate of Assumed Business
4. The name and address to which futue correspondence should be addressed.  Mike Menkee / Air F PO BX 1228 Hailey, ID \$333	
<ol> <li>Name and address for this acknow copy is (if other than # 4 above):</li> </ol>	ledgment Phone number (optional):
	Secretary of State use only
Signature: <u>Mike Men kee</u> Printed Name: <u>Mike Men kee</u>	IDAHO SECRETARY OF STATE  98/98/2001 05:00  CK: 4163 CT: 14951 BH: 412467

D47451