

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

MEMAR -2 M 9:51

Please type or print legibly. Instructions are included on back of application.

Signature:

Printed Name: _____

Capacity/Title:

1.	The assumed business name which the undersign business is: AIR (AB5)	ned use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Raymond (ansino 12 por	e entity or individual(s) doing Complete Address 249 w. Park View Dr. Falls, ID. 83854
3.	The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Public Utilities Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: As above	Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than #4 above):	
Signa	ature: A C	Secretary of State use only
	ed Name: Raymond Cansino	IDAHO SECRETARY OF STATE
	ncity/Title: Owner	03/02/2015 05:00 CK:17116817993 CT:158010 BH:1464

CK:17116817993 CT:158010 BH:1464181 16 25.00 = 25.00 ASSUM NAME #2

