

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE 2017 OCT 30 AM 10: 04

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is:					
	AR Powers					
2.	The individual and/or enti	ty names and business ac ame (do <u>not</u> include the name		doing business un	der	
	Aaron Powers	9488 S Kelsan Ave,	9488 S Kelsan Ave, Kuna, ID 83634			
	(Name)	(Address)				
	(Name)	(Áddress)	· · · · · · · · · · · · · · · · · · ·			
	(Name)	(Address)				
	(Name)	(Address)				
3.	The general type of busing Retail Trade Wholesale Trade Services	ess transacted under the Construction Agriculture Manufacturing	Transpor Mining	name is: tation and Public U Insurance, and Re		
4.	Mailing address for future	correspondence:	5. Name and addr		vledgment	
	Aaron Powers					
	(Name) 9488 S Kelsan Ave		(Name)			
	(Address)		(Address)			
	Kuna, ID 83634 (City)	(State) (Zipcode)	(City)	(State)	(Zipcode)	
Printed Name: Aaron Powers			Secretary of State use only			
Signature:			IDAHO SECRETARY OF STATE 11/01/2017 05:00			
Printed Name:			CK:1840 CT:347819 BH:1610075 16 25.00 = 25.00 ASSUM NAME #2			
Si	gnature:			- 100		
Printed Name:			DL	98082		