



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.

09 MAY 21 AM 9:56

SECRETARY OF STATE
STATE OF IDAHO

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

AMERICAN EAGLE INVESTIGATIONS

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

Name

JUSTINE M. ARON'S

Complete Address

428 WEST OAKHAMPTON DR.
BOISE, ID. 83616
P.O. Box 1954
EAGLE, ID 83616

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:

JUSTINE ARON'S
P.O. Box 1954
EAGLE, ID 83616

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

Signature: _____

(signature required)

Printed Name: _____

JUSTINE ARON'S

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
05/21/2009 05:00
CK: CASH CT: 150010 BH: 1171423
1 @ 25.00 = 25.00 ASSUM NAME # 2

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