

9/21/2012

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

## FILED EFFECTIVE

2014 MAR 28 AM 9: 14

## SECRETARY OF STATE STATE OF IDAHO

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

1.	The assumed business name which the unobusiness is:	dersigned use(s) in the transaction of	
	AAC Repair		
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam Name  Aaron A Chemugel	, , , –	
3.		Submit Certificate of Assumed Business	
4.	The name and address to which future correspondence should be addressed:  AAC Repair  PO Box 27  Grangeville, ID 83530	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmer copy is (if other than #4 above):	address for this acknowledgment	
	<del></del>	Secretary of State use only	
Signa	ature: Assar Assay		
Printe	ed Name: Aaron A Chemugel		
Capa	city/Title: Owner		
Signa	ature:	IDAHO SECRETARY OF STATE 03/28/2014 05:00	
	ed Name:	CK: 5282 CT: 294929 BH: 141/496 1 @ 25.00 = 25.00 ASSUM NAME #	
Capa	acity/Title:	Diamon	
1/2012	abn.pmd Rev.07/	D(1005)	