



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2015 AUG 25 AM 11:53

SECRETARY OF STATE
STATE OF IDAHO

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

AirflairCNC

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Airflair Aviation LLC	P.O. Box 506	Homedale	Id	83628
(Name)	(Address)	(City)	(State)	(Zipcode)
(W 169507)				
(Name)	(Address)	(City)	(State)	(Zipcode)
(Name)	(Address)	(City)	(State)	(Zipcode)
(Name)	(Address)	(City)	(State)	(Zipcode)

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input type="checkbox"/> Services	<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Airflair

(Name)

P.O. Box 506

(Address)

Homedale

Idaho

83628

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Carl Johnson, Manager

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDABO SECRETARY OF STATE

08/25/2015 05:00

CK:1376 CT:313842 BH:1489532
10 25.00 = 25.00 ASSUM NAME #3

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