



# 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):

<u>Airflair Aviation LLC</u>	<u>P.O. Box 506</u>	<u>Homedale</u>	<u>Id</u>	<u>83628</u>
(Name)	(Address)	(City)	(State)	(Zipcode)

<u>(W 169507)</u>				
(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: *Carl Johnson*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

08/25/2015 05:00

CK:1376 CT:313842 BH:1489532  
1@ 25.00 = 25.00 ASSUM NAME #3

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