

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

2011 MAR -8 AM 9: 38

Please type or print lealbly. instructions are included on back of application. STATE OF TOAHO

| Air Tek Art | |
|--|---|
| 2. The true name(s) and <u>business</u> address business under the assumed business r Name Michael C. Boling | (es) of the entity or Individual(s) doing name: <u>Complete Address</u> 5574 Moyie River Road Bonners Ferry, ID 83805 |
| ☐ Wholesale Trade ☐ Construction | tion and Public Utilities on |
| Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta | Submit Certificate of Assumed Business |
| 4. The name and address to which future correspondence should be addressed: Michael Boling | Secretary of State 450 North 4th Street PO Box 83720 |
| 5574 Moyie River Road Bonners Ferry, ID 83805 | Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgm copy is (# other than # 4 above): | nent |
| | Secretary of State use only |
| nature: Minhael C. Balling | - |
| oted Name: Michael C. Boling Dacity/Title: Owner | - - |
| nature: | • |
| nted Name: pacity/Title: | IDAHO SECRETARY OF STATE 63/68/2011 65:00 |

CK: 623657 CT: 172099 BH: 1263230 1 0 25.00 = 25.00 ASSUM NAME # 2

