

Signature:_

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

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.

The assumed business name which the undersigne business is:	ed use(s) in the transaction of	
Ace Property	Management	
2. The true name(s) and business address(es) of the elbusiness under the assumed business name: Name Robert M. Liwda N. Cook	•	FILLE
3. The general type of business transacted under the a Retail Trade Transportation and Pul Wholesale Trade Construction		ŝ
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed: Same as above	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 467-6503	
\$6 S	Secretary of State use only	

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