



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Secretary of State **EFFECTIVE**

Business Entities

www.idsos.state.id.us/

2006 APR -5 AM 9:05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Autumn Moon Insulation

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Aaron J Felber</u>	<u>2900 N. Government way</u>
	<u># 74 83815</u>

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Autumn Moon Insulation
2900 N. Govt. way #74
Coeur d'Alene ID 83815

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

Phone number (optional):

1208 704 1118

Signature: _____

Aaron J Felber
(signature required)

Printed Name: _____

Aaron J Felber

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

198394
IDAHO SECRETARY OF STATE
04/05/2006 05:00
CK: 48190074303 CT: 150010 BH: 947515
1 @ 25.00 = 25.00 ASSUM NAME # 2