



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned **05 MAY -3 AM 8:36** submits for filing a certificate of Assumed Business Name.

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:

Cool Breeze

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

Name

DAVID MEDINA

Complete Address

10527 1/2 MENKOLIN DR.

STAR, ID 83669

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 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:

10527 MENKOLIN DR.
STAR, ID 83669

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

Same

Phone number (optional):

Secretary of State use only

Signature: David Medina
(signature required)

Printed Name: DAVID MEDINA

Capacity/Title: owner

(see instruction # 8 on back of form)