Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. SECRETARILUZ STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: ackson Auto Glass 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Finance, Insurance, and Real Estate Wholesale Trade Agriculture Minina Construction Services Phone number (optional): 208 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business baanwheel Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODV-IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 20.00 = 20.00 ASSUM NAME Signature: Printed Name: