

CERTIFICATE OF ASSUMED BUSINESS NAME

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

OS MAY 17 PH 1: 26
SECH TO STATE OF IDAHO

	submits for filling 5 55.	TO THE PLANT OF THE PARTY OF TH
	Please type or print legibly.	
	Please type or print legisly. NOTE: See instructions on reverse before filing.	l de la companya de
	NOIE: 266 Management	
The assumed business name which the undersigned use(s) in the transaction of		
	business name which the undersigned doc	
1. The assumed business remains		
	business is: Solan Tech Window Tinting	
	< 1 Tale WOOW INTING	
	DOLAR JECH	
	The true name(s) and business address(es) of the entity	or individual(s) doing
^	The true name(s) and business address(co) or the	
2	The true name(s) and business debusiness name: business under the assumed business name:	Complete Address
	business under the document	Omblete Addison
	Name	R. R. B.305
	Banay Dart Bois	se, 1D 83702
	BANKY PRATI	Se 10 83700
	3. The general type of business transacted under the ass	umed husiness name is:
	the of business transacted under the ass	diffed business
	3. The general type of business trans-	
Transportation and Public Utilities		
		Submit Certificate of
	AARCHIUE	Supmit Certificate 5.
	Services	Assumed Business
l	Manufacturing Mining	Name and \$25.00 fee to:
ı	Finance, Insurance, and Real Estate	
ĺ	Finance, Insurance, and Real Lotter	Secretary of State
1	which future	700 West Jefferson
	4. The name and address to which future	700 West Jellerson
ł	4. The name and address to correspondence should be addressed:	Basement West
t	Cottespondense	PO Box 83720
	2800 Bogus BASIN Ra	Boise ID 83720-0080
1	2800 00943 (1)	208 334-2301
1	<1. 13305	208 334-2301
1	Roise 1D 83702	
il.	/)///SE	Phone number (optional):
1		Suoue unimor (see
1	Name and address for this acknowledgment	208-713-1221
	5. [Natific division # 4 ahove).	208-710
	COPY IS (if other than # 4 above).	
1		- Conta use ONV
		Secretary of State use only
1		
	<u> </u>	
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1		TOTAL
	Signature: (signature required)	IDAHO SECRETARY OF STATE
1	Signature SARRY Part + Second Name: SARRY Part +	05/17/2005 W3 1995
	Dinted Name: SARRY FRATI	CK: CRSH U!! 13001 ASSUM MANE # 2
	Signature: Signature: Signature required) Printed Name: BARRY Part Fig. (Title):] # K3*84 . C0*44
	S	
	Canacity/ title.	
1	(see instruction # 8 on back of form)	