

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 11AR -5 PH 12: 40

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business addre	Y METAL CUSTOMZ
business under the assumed business Name	s name:
• MICHAEL J FACHA	Complete Address RT 1 BOX 1440, BONNERS FERRY ID 83805
The general type of business transacte	ed under the assumed business name is:
Retail Trade Transport Wholesale Trade Construc	tation and Public Utilities
✓ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
MICHAEL J FACHA	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	gment Phone number (optional):
	Secretary of State use only
gnature: K Zula J. Figh	Section Secretary of State
(ilignature required) rinted Name: MICHAEL J FACHA	IDAHO SECRETARY OF STATE
apacity/Title:OWNER	IDAHO SECRETARY OF STATE ### ### ############################
(see instruction # 8 on back of form)	1 8 25.80 * 25.88 ASSUM NAME

D108965