Capacity: President

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUM (Please type or print legibly.	MED BUSINESS NAME See instructions on reverse.)
To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idal gives notice of adoption of an As	ho Code, the undersigned 35 FM 700
1. The assumed business name which the unbusiness is: USA Powder C	oating Specialists
The true name(s) and business address(es business under the assumed business name     Name	, , , ,
VLADIMIR GLUSHCHAK	931 W WATERBURY DR
Igor Glusnchak	Meridian ID 83642
The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities  Finance, Insurance, and Real Estate  Mining
The name and address to which future P correspondence should be addressed:	Phone number (optional) (208) 850-5486
931 W WATERBURY DR	Submit Certificate of
Mendian 10 83642	Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than # 4 above):  VLADIMR Glushchak	Secretary of State 700 West Jefferson Basement West PO Box 83720// Boise ID 83720-0080 208 334-2301
931 WWATERBURY DR	Secretary of State use only
Meridian WA 83642	IDAHO SECRETARY OF STATE  OR 1 / 2000 69:00
Signature: Woodbe	@2/@1/2 <b>90</b> @ <b>@9:0</b> @ CK: CRSH CT: 126833 BH: 286256
Printed Name: VLADIMIR Glushchak	1 8 20.00 = 20.00 ASSUM NAME 1 2

0 32655