Capacity/Title: 0WNEA

(see Instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 NOV -9 AM 8: 49

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

SECHETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: XTREME DETAILING 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address MARKE HOLZMAN 77 AHEAHKA LOOP LANE AHSAHKA, ED. 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Manufacturing Mining Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 XTREME DETAILING (208) 334-2301 PO BOX 88 AHSAHKA, ID, 83520 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): MARKE. HOLZMAN Secretary of State use only Signature: ___ Printed Name:

IDAHO SECRETARY OF STATE
11/09/2009 05:00
CK: 2881 CT: 241224 BH: 1194468
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