



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.

FILED
APR 28 1 56 PM '00
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the business is:

Performance Specialties

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Robert Lyle Barton</u>	<u>4545 CHINDEN BLVD.</u>
	<u>Boise ID 83714</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208-440-9989

Performance Specialties
c/o Robert Barton

4545 CHINDEN BLVD Boise ID
83714

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Robert L. Barton
8415 Amherst St.
Boise ID 83704

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

04/28/2000 09:00
CK: CASH CT: 130394 BH: 313359

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 35370

Signature: Robert Lyle Barton

Printed Name: Robert Lyle Barton

Capacity: Owner

(see instruction # 8 on back of form)

Revision 12/98

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