

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

Instructions are included on back of application.

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The assumed business name which the business is:	e undersigned use(s) in the transaction of
The Ultimate Shine	
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Shawn Brent Hollingsworth	
	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: The Ultimate Shine 1320A East Cedar Pocatelle 33301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
nature: Shawn Bront Hollingsum	
nted Name: Shawn Brent Hollingsworth	_
pacity/Title:Owner	
nature:	IDAHO SECRETARY OF STATE 93/07/2013 95:00
nted Name:	CK: 181 CT: 288297 BH: 1363368

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Capacity/Title:_