## CERTIFICATE OF ASSUMED BUSINESS NAME

09 MAR -4 AM 8: 19

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NOTE. See instructions of foreign assets	······g·	
The assumed business name which the und business is:		
A Touch of	Cla.	ss Auto Detail
2. The true name(s) and business address(es) business under the assumed business name Name	of the ee:	Complete Address
The general type of business transacted und	der the	assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Patrick Thomas Back Services  San Emain Munification  5. Name and address for this acknowledgme copy is (if other than #4 above):	· .	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
		Secretary of State use only
Printed Name: Patrick T Dollar Capacity/Title: OWN CR (see instruction # 8 on back of form)	gʻcorpiforms\abri forms\abri,p65 Revised 04/2003	IDANO SECRETARY OF STATE  23/24/2909 65:06  CK: 164826144 CT: 158818 RM: 1159  1 8 25.88 = 25.88 ASSUM NAME N
		D 128763