



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 OCT 24 PM 9:36

Please type or print legibly.

NOTE: See instructions on reverse before filing.

RECEIVED
STATE CLERK

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

IMPACT PREFORMACE EXHAUST

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
IMPACT AUTOBODY & PAINT INC.	116 E. APPLEWAY COEUR D' ALENE ID, 83814
(C161984)	

FILED EFFECTIVE
OCT 24 11:18 AM '05

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

Submit Certificate of Assumed Business Name and \$25.00 fee to:

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

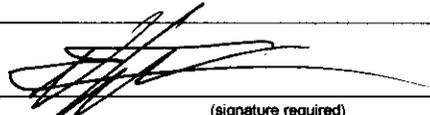
4. The name and address to which future correspondence should be addressed:

IMPACT AUTO GLASS
116 E. APPLEWAY
COEUR D' ALENE, ID 83814

Phone number (optional):

208 765 2805

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

Signature:  (signature required)

Printed Name: NICK CAHOON

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\slabn_forms\slabn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/31/2005 05:00
CK: 1205 CT: 150010 BH: 919790
1 @ 25.00 = 25.00 ASSUM NAME # 2

D93170