



CERTIFICATE OF ASSUMED BUSINESS NAME

2005 JAN 25 PM 1:36

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

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:

Black-line Installs

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

Levi Carl Owen

1105 Susanne Avenue

Idaho Falls, Idaho

83404

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

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

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:

Levi Owen

1105 Susanne Avenue

Idaho Falls, ID. 83404

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

Phone number (optional):

Secretary of State use only

Signature: [Signature]

Printed Name: Levi Carl Owen

Capacity/Title: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
01/25/2005 05:00
CK: 466961 CT: 172099 RH: 789287
1 @ 25.00 = 25.00 ASSUM NAME # 2

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