(see instruction # 8 on back of form)

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.

09 NOW 27

Please

Please type or print legibly. NOTE: See instructions on reverse before filing	SECON AM 8: 27
	· OFFERANCE
The assumed business name which the undersigned business is:	*/\(\mathcal{U} \)
all Clear Window Installat	
2. The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business name.	Complete Address
Name Vistomer Thompson LOLE	Sluenird Lane
Kristopher Mompoor Tour	St River, ID
	83856
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Public Utilities	
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate The name and address to which future 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Kristopher Thompson	PO Box 83720 Bolse ID 83720-0080
IDI Bluebird lane	208 334-2301
Priest River 10 83852	Phone number (optional):
 Name and address for this acknowledgment copy is (if other than # 4 above). 	(208) 946-1384
	Secretary of State use only
V:+ 1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Printed Name: Kristomer Thompson	
Printed Name: Kristopher Thompson Canacity/Title: Our North	•
Capacity/Title: Our	IDAHO SECRETARY OF STATE