



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.

2004 MAY -3 AM 9:47

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:

Tri-J Coatings

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
<u>JAMES R. REIBER</u>	<u>P.O. Box 3068</u>
	<u>Post Falls, ID 83877</u>

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:

James Reiber
P.O. Box 3068
Post Falls, ID 83877

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

BANK OF AMERICA
APPLEWAY BRANCH #96503
W. 501 Appleyway
Coeur d'Alene, ID 83814
(208) 637-3537

Phone number (optional):

208 (509) 979-7100

Signature: _____

(signature required)

Printed Name: James R. Reiber

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
05/03/2004 05:00
 CK: NO CK # CT: 158010 BH: 742953
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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