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CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)				
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.				
1.	 The assumed business name which the undersigned use(s) in the transaction of business is: 			
	ColorPro		ě	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 				
	Name Complete Address		nplete Address	
	Touch-Up N.W., Inc.	2879 North	Whitehaven Place	
	(C137404)	Eagle, Idal	no 83616	
3.	 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate X Services Construction Mining 			
4.	The name and address to which future Phone number (optional):			
	Peter B. Hingtgen Submit Certificate of		Submit Certificate of	
	2879 North Whitehaven Place		Assumed Business Name and \$20.00 fee to:	
	Eagle, Idaho 83616			
5.	Name and address for this acknowledgm Copy is (if other than # 4 above):	— Secretary of State 700 West Jefferson dgment Basement West PO Box 83720 Boise ID 83720-0080		
	Scot M. Ludwig		208 334-2301	
	877 West Main, Suite 506 Boise, Idaho 83702		Secretary of State use only IDAHO SECRETARY OF STATE	
		です。 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本		
Signatu	ire: <u>letu BHingten</u>	Ке К	1 # 28.00 = 20.00 ASSUM NAME # 2	
Printed Name: <u>Peter B. Hingtgen</u>				
Capacity: <u>President</u> (see instruction # 8 on back of form)		g toorptionnistation, pm6	>-42359	

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