## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

SECRETARY OF STATE STATE OF IDAHO

<b>1</b>	Pursuant to Section 53-504, Idah	aho Code, the undersigned	
1.	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:		
•	Sunset Tint n. Tr	rim 3	
2.	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		
	<u>ivanic</u>		
	Justin S. Kinny	SZY Manchester St Cld 8360	
	lebeca & kinney	824 Monchester St Cld 8360	
3.	The general type of business transacted un (mark only those that apply)	under the assumed business name is:	
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate	
4.	The name and address to which future P correspondence should be addressed:	Phone number (optional): 454-7944	
	524 Manchester St Caldwell "TO 93605	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Ent Basement West PO Box 83720 Boise ID 83720 0080 208 334-2301	
		Secretary of State use only	
		IDAHO SECRETARY OF STATE  3 23/31/2000 09:00	
Signature: Asker Kinn		03/31/2000 09:00 CK: 1585 CT: 129198 BH:-384925	
Printed Name: Rebeca Kinney ()			
Capaci	(see instruction # 8 on back of form)	Sicorphomistabin p85	