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

1. The assumed business name which the u	
	ndersigned use(s) in the transaction of
business is:	SEC 19
Boise FAMily Auto Glass	
2. The true name(s) and business address(e	The state of the s
business under the assumed business na Name	me is/are: Complete Address
Troy w. Vanscoter	1037 Laredo Cir Boise ID 83705
Jana L. Vanscoter	1037 faredo Cir Boise ID 83705
3. The general type of business transacted u	inder the assumed husiness name is:
(mark only those that apply)	inder the assumed business harre is.
Retail Trade Manufacturio	ng Transportation and Public Utilities
Wholesale Trade Agriculture	Finance, Insurance, and Real Estate
	Mining
	Phone number (optional):
correspondence should be addressed:	
Troy W. Vanscote	Submit Certificate of Assumed Business
1037 Laredo Cir	Assumed business
	Name and \$20.00 fee to:
Boise ID 83705	
Boise ID 83705	Secretary of State 700 West Jefferson
	Secretary of State 700 West Jefferson ent Basement West PO Box 83720
Boise TD 83705 5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Boise TD 83705 5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Boise TD 83705 5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only
Boise TD 83705 5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Sig

Printed Name: Iron W. WAnscoter

Capacity: NWNPY

(see instruction #8 on back of form)

1 0 20.00 = 20.00 ASSUM NAME # 2