227	FILED EFFECTIVE
CERTIFICATE ASSUMED BUSINE Pursuant to Section 53-504, Idaho C submits for filing a certificate of Assu Please type or print legib NOTE: See instructions on reverse	ESS NAME pde, the undersigned med Business Name. Iv.
1. The assumed business name which th business is: $Color Flex$	
2. The true name(s) and business addres business under the assumed business Name $MC \ge C$ Holdings, L.L.C W = 5809	name:
<ul> <li>3. The general type of business transacted</li> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estant</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li><u>Color flex Bedliners</u></li> <li><u>4930</u> W. Industrial Way</li> <li><u>Coeur of Alene, 10</u> 83815</li> <li>5. Name and address for this acknowledge</li> </ul>	tion and Public Utilities on Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
COpy is (if other than # 4 above):	ment Phone number (optional): <u>208 - 667 - 4</u> 066 <u>Secretary of State use only</u>
Signature: <u>A and K. M-Cullough</u> (signature required) Printed Name: <u>David K. M-S Cullough</u> Capacity/Title: <u>Manages / Wenber</u> (see instruction #8 on back of form)	IDAKO SECRETARY OF STATE 01/03/2003 05: 00 CK: NO CK = CT: 158010 BH: 654530 10 20.00 = 20.00 ASSUM MANE = 2 D 61081