	CERTIFICATE OF ASSUM (Please type or print legibly. S	IED BU	
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, th sumed Bus	e undersigned State Apr 8:43
1.	The assumed business name which the und business is: Mitchell Screen		1110
2.	The true name(s) and business address(es) business under the assumed business name	e is/are:	
	TROY M + Chell 4	/6 N. W.	omplete Address Idah: 83/617
3.	The general type of business transacted un (mark only those that apply)	der the ass	sumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	F	ransportation and Public Utilities inance, Insurance, and Real Estat lining
4.	correspondence should be addressed:	hone numb	er (optional): <u>365 - 493)</u>
	Troy Mitchell	S. C. J. v.s.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	2/16 N. Wavdwll Eramit Idaho Name and address for this acknowledgmen copy is (if other than # 4 above):		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		88	Secretary of State use only IDAHO SECRETARY OF STATE
Signatu	ire: Two Mitchell	Revision 1/98	06/14/2000 09:00 CK: 3797 CT: 132371 BH: 326131
	Name: Troy Mitchell	on p65	1 0 20.00 = 20.00 ASSUM NAME # 2
Capaci	ty: President (see instruction # 8 on back of form)	g:korpvforms\abn.p65	D 36629