



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE**

05 AUG -8 PM 1:26

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Mountain Exteriors

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| <u>Name</u>               | <u>Complete Address</u> |
|---------------------------|-------------------------|
| <u>Antone Chacartegui</u> | <u>4009 Glencoe Pl.</u> |
|                           | <u>Boise ID 83705</u>   |

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

4. The name and address to which future correspondence should be addressed:

Sonic

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

702-290-2538

Signature: Antone Chacartegui

(signature required)

Printed Name: Antone Chacartegui

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

D102541

IDAHO SECRETARY OF STATE  
08/08/2006 05:00  
CK: CASH CT: 158018 BH: 969069  
1 @ 25.00 = 25.00 ASSUM NAME # 2