

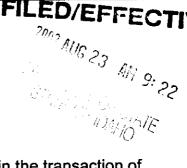
CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)





1)516

The Windshield The Windshield		
2. The true name(s) and <u>business</u> address(es) business under the assumed business name: Name Lockie A Fischer	P.O.1	Complete Address 30x 3173
Retail Trade Transportation Wholesale Trade Construction We Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: The Windshield Doctor PD Gox 3173 Name and address for this acknowledgment copy is (if other than #4 above):	and Pul	
Signature: Allie A Juschin (signature required) Printed Name: Olivie A Fischer	corp Vormstathn formstathn, p65 Revised 07/2002	Secretary of State use only IDAHO SECRETARY OF STATE
Capacity/Title: OUNE (DBA	corp Vormi Revise	CK: 2832 CT: 158818 BH: 484425 1 8 28.88 = 28.88 ASSUM NAME # 2