(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2005 FEB 13 AN 8: 49

STATE OF BLAD

1. ALC:

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is: The Shine Master	gned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Timothy L. Yenne 282 Christina R. Yenne 83	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Two and Chris Yenne 2826 Addison Ave E. Two Falls, Td 83301	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): Some	Phone number (optional): <u>Jo8 - 308- のみつひ</u>
Signature: Jan Jagueure required) Printed Name: Timothy L. Yenne Capacity/Title: Owner	IDAHO SECRETARY OF STATE O2/13/2006 05:00 CK: 2779192107 CT: 158810 BH: 937379 1 @ 25.00 = 25.00 ASSUM NAME # 2