



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO **FILED/EFFECTIVE**
 Pursuant to Section 53-504, Idaho Code, the undersigned, **JUL 31 PM 3:08**
 gives notice of adoption of an Assumed Business Name.

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

Pro Image Body + Paint

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

Name	Complete Address
<u>Phill Labat</u>	<u>251 Clinton Dr. Twin Falls</u>
<u>Stephanie Labat</u>	<u>251 Clinton Dr. Twin Falls</u>

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Pro Image Body + Paint
712 main ave S.
Twin Falls, Id. 83301

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

Submit Certificate of
 Assumed Business
 Name and \$20.00 fee to:

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

Secretary of State use only

Signature:

Stephanie Labat

Printed Name:

Stephanie Labat

Capacity:

CO-Owner

(see instruction # 8 on back of form)

Revision 12/89

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IDAHO SECRETARY OF STATE
07/31/2001 05:00
 CK: 1 CT: 149515 BH: 410911
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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