



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.

FILED EFFECTIVE

2004 MAY 19 AM 9:29

STATE OF IDAHO

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

To Clad Busters

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

Name

Complete Address

Bill Shurtliff
Marsha Shurtliff

1898 N. 2100 E. Hamer, Id.
1898 N. 2100 E. Hamer, Id. 83425

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 type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input checked="" 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:

Clad Busters
Bill Shurtliff
1898 N. 2100 E.
Hamer, Id. 83425

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

Phone number (optional):

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

Signature:

Bill Shurtliff
(signature required)

Printed Name:

Bill Shurtliff

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn_forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
05/19/2004 05:00
CK: 2001 CT: 150010 DH: 745091
1 @ 25.00 = 25.00 ASSUM NAME # 2

D76482