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.	
Pursuant to Section 53-504, Idaho Code, the undersigned 07 0CT - 1 PM 12: 44 submits for filing a certificate of Assumed Business Name.	
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Please type or print legibly. NOTE: See instructions on reverse before filing.	
NOTE: See Instructions on reverse before filing.	
1. The assumed business name which the undersigned use(s) in the transaction of the business is:	
AGS Window Films	
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	
David Robert 304 N Greensferry #102 Post Falls ID 83854	
Stacy Robert 304 N. Greensferry #102 Post Falls ID 83854	
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3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade 🗹 Construction	
Services Agriculture Submit Certificate of	
Manufacturing Mining Assumed Business Singance Insurance and Real Estate Name and \$25.00 fee to:	
- Finance, insurance, and Rear Estate	
4. The name and address to which future Idaho Secretary of State 450 N 4th Street	
Correspondence should be addressed: PO Box 83720 Boise ID 83720-0080	
AGS WINDOW FINITS	
304 N. Greensferry #102 (208) 334-2301	
Post Falls ID, 83854	
5. Name and address for this acknowledgment	
COPY IS (if other than # 4 above):	
Secretary of State use only	· · · · ·
A DR	
Signature: O avril lela	
Printed Name: David Robert E E E E E E E E E E E E E E E E	0
(aignature required) (aignature required) Printed Name: David Robert 10/01/2007 05 ± 0 Capacity/Title: Owner 1 ± 25.00 assume number	77 1 2
(see instruction # 8 on back of form)	· ·

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