Market.

FILED EFFECTIVE



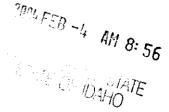
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## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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)



The assumed business name which the undersigned use(s) in the transaction of business is:	
CM Repair	
2. The true name(s) and business address(es) of the elements business under the assumed business name:  Name  Convad B. May 835	Complete Address  Cucress way
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  CM Beau  Clo Conrad Way	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature:  Printed Name:  Capacity/Title:  Cwner	IDAHO SECRETARY OF STATE @2/04/2004 @5:200 CK: 626 CT: 158010 BH: 725424 1 8 25.80 = 25.80 ASSUM MANE # 6