Signature: ____

Capacity:

Printed Name: 361

OWNER

(see instruction # 8 on back of form)

TFICATE OF ASSUMED BUSINESS IN (Please type or print legibly. See instructions on reverse.) OF STATE, STATE OF IDAHO Code, the undersigned 149.14 CERTIFICATE OF ASSUMED BUSINESS N To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 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: NEW LOOK Refinishing 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 679 East Hyw 81 Burley IDAHO 85318 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Agriculture Finance, Insurance, and Real Estate Wholesale Trade Construction Mining Services Phone number (optional): 208-654-2071 4. The name and address to which future correspondence should be addressed: John Pons Submit Certificate of Assumed Business 679 East Hyw81 Name and \$20.00 fee to: Burley 20AHO 83318 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODV IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only

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IDAHO SECRETARY OF STATE **07/01/2002 05:00** CK: 167 CT: 158810 BH: 474713 **8** 20.88 = 20.88 ASSUM NAME # 7

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