

CERTIFICATE OF ASSUMED BUSINESS NAME

FECTIVE

607

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

OI MAR 12 AM 9:57

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is:	ned use(s) in the transaction of
TRI-BOND REpair & Restorat	ion
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name William Tsaac Miller 1999	
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Ref Band Repair Tsaac + Heidi Miller 10005 100	Name and \$20.00 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): (208)459-8068
	Secretary of State use only
	IDAHO SECRETARY OF STATE
Signature: Signature: 1000 1000 1000 1000 1000 1000 1000 10	03/13/2001 09:00 CK: 3455 CT: 143454 BH: 384136

Printed Name: WILLIAM ISAK MILLER

Capacity: OWNER

(see instruction #8 on back of form)

N43456