



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2006 MAY -4 PM 12:42

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

PRO SHINE SEALING

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

Name

Patrick Annotti

Complete Address

930 Goldenrod ct

Post Falls, ID 83854

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

4. The name and address to which future correspondence should be addressed:

Patrick Annotti

930 Goldenrod ct.

Post Falls, ID 83854

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

Phone number (optional):

(208)818-1992

Signature: _____

(signature required)

Printed Name: _____

Patrick Annotti

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

099522

IDAHO SECRETARY OF STATE
05/04/2006 05:00

CK: 226 CT: 150010 BH: 952969

1 @ 25.00 = 25.00 ASSUM NAME # 2