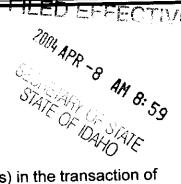
## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

E: See instructions on reverse before filing.

(see instruction # 8 on back of form)



NOTE: See instructions on reverse before filing	L WAYDATE
The assumed business name which the undersign business is:      Ne Paint Doctors	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Name  Now A MINU 765	Complete Address  80 Oakmost Boise Id 83704  Brumback Boise Id 83702
3. The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities	
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West
Same	Secretary of State use only
Signature: Signature required)  Printed Name: John A. Miller  VERN  Canacity/Title: Co-owner	IDAHO SECRETARY OF STATE  94/98/2004 05:00  CK: 1996 CT: 158010 BH: 738161  1 @ 25.60 = 25.00 ASSUM NAME # 2