CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 23 ill 2	
1. The assumed business name which the und business is:	ersigned use(s) in the transaction of
ည်း business under the assumed business name is/are:	
Bullseye Maintonance INC	PO Box 1925 McCall To 8363
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	
4. The name and address to which future Phecorrespondence should be addressed: Bulkeye Mainsevave TN PO Rox 1925	Submit Certificate of Assumed Business
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO 80x 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: K. Marie Boule	E EPHO SECRETARY OF STATE B9/81/1998 69:00 Ct: 2283 Ct: 68774 M: 141564
Printed Name: Karla Marie Boyl	1 0 20.00 = 20.00 ASSUM NAME
Capacity: For situation # 8 on back of form)	#D 18233