Capacity/Title:__OWN_CA

(see instruction # 8 on back of form)

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. NOTE: See instructions on reverse before filing. 2004 SEP 16 AM 9: 19
STATE OF ILLAHOUL

The assumed business name which the undersig business is:	
T&C Custom Painitin	19
The true name(s) and business address(es) of the business under the assumed business name: Name	e entity or individual(s) doing Complete Address D. Box 744 Ceenseville 835
3. The general type of business transacted under the Retail Trade Transportation and Poly Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Tom Brawk Lobox 744 krangeville #D	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208 983 2730
	Secretary of State use only
gnature: Tom Braces of the signature of	IDANO SECRETARY OF STATE

IDAHO SECRETARY OF STATE
09/16/2004 05:00
CK: 3861 CT: 158818 BH: 766328
8 25.88 = 25.88 ASSUM MANE # 2