



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.

2007 FEB -5 AM 10:03

SECRETARY OF STATE
STATE OF IDAHO

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

WINDSHIELD DOCTOR

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

Name

Complete Address

DELBERT R. UNRUH

PO BOX 1202, BURLEY, ID 83318

JENNIFER UNRUH

PO BOX 1202, BURLEY, ID 83318

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 | |

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

JENNIFER UNRUH

PO BOX 1202, BURLEY, ID 83318

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

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

Phone number (optional):

Secretary of State use only

Signature: _____

(signature required)

Printed Name: JENNIFER UNRUH

Capacity/Title: CO-OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
02/05/2007 05:00
CK: 1005 CT: 209316 BH: 1030036
1 @ 25.00 = 25.00 ASSUM NAME # 2