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CERTIFICATE OF

Please type or print legibly. STATE OF IDAHO

NOTE: See instructions on reverse before filling.

The assumed business name which the und business is: Trick	dersigned use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business nam Name Trim Co LLC W54/43	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Trim Co LLC 2417 W Kidd Island Rd Coeur d'Alene, ID 83814 5. Name and address for this acknowledgme copy is (if other than #4 above):	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
same	Secretary of State use only
Signature: Shally Besana Printed Name: Shelly Besana Capacity/Title: manager (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 99/07/2006 05:00 CK: 985714 CT: 172099 BH: 973942 1 @ 25.00 = 25.00 ASSUM NAME # 5