CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

	(Please type or print legibly.	See instructions on reverse.)
600	To the SECRETARY OF STATE, ST. Pursuant to Section 53-504, lo gives notice of adoption of an.	laho Code, the undersigned
1.	The assumed business name which the business is: 13651 BAHH SYSTEM	undersigned use(s) in the transaction of
2.	The true name(s) and business address(business under the assumed business na	ame is/are:
	<u>Name</u>	Complete Address
4	FIBERGLASS SYSTEMS INC	4545 ENTERPRISE
	C66297	BOISE, JD 83705
3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional):		
,	correspondence should be addressed:	
Ť '	1848 ENTERPRISE	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgm copy is (if other than #4 above): SAME AS #4	Secretary of State 700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only IDAHO SECRETARY OF STATE BUNDAN CX: 9891 CT: 79844 BH: 339965

Signature:

Printed Name AA Multa

Capacity:__

(see instruction # 8 on back of form)

1 @ 20.00 = 20.00 ASSUM NAME # 2

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