

CERTIFICATE OF **ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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.

The assumed business name which the undersigned business is:	
International Sur-	taces,
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name: Name Liga G. Mick 1509 Campron R. Lund Name	entity or individual(s) doing Complete Address I The Ave. Nacth
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Pub Wholesale Trade Construction	olic Utilities
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future (1) until correspondence should be addressed: USE A 10 H Three Alpha Suctaces Inc.	Secretary of State 700 West Jefferson Basement West PO Box 83720
Nampa, Idaho 83687	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional):
Boise Idaho 33416	Secretary of State use only
Signature: (signature required)	TABLE OF DEPTARE OF A PARTY
Printed Name: 15a G, M, CK	IDAHO SECRETARY OF STATE 97/23/2004 05:00 CK: 1000 CT: 180941 BH: 757098
Signature: Printed Name: Capacity/Title: (see instruction # 8 on back of form)	1 9 25.00 = 25.00 ASSUM NAME # 2 78467