

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

11 MAR -7 AM 8: 50

SELECT OF STATE STAIL OF IDAHO

Please type or print legibly. Instructions are included on back of application.

	Rhino Lining	s of Idaho I	Falls	
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address			
			rlew Dr. Idaho Falls, ID 83406	
	Fausto Urias	***************************************	eet Idaho Falls, ID 83402	
3.	The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Pub		
4.	The name and address to which future correspondence should be addressed: Leonel Ramos 1216 Curlew Drive Idaho Falls, Idaho 83406	·	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt		
Signat	ture: fear Res		Secretary of State use only	
Printe	d Name: Leonel Ramos			
Capad Signat	ture:		IDANU SECRETARY OF STATE 03/07/2011 05:00 ck: 7446 ct: 104250 BH: 1262974	
Printe	d Name: Fausto Urias		1 0 25.00 = 25.00 ASSUM NAME # 2	
Capac	city/Title: Owner		(amma	

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