CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned DEC -9 PM 1:58 1. The assumed business name which the undersigned use(s) in the transaction of STATE STATE OF IDAHO Windshield Doctor 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address 0,04601 - Enterprises, Inc 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 Minina Phone number (optional): (208) 678 - 3309 The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to 83318 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080

Signature: / Printed Name: Capacity: _

(see instruction # 8 on back of form)

208 334-2301

Secretary of State use only IDAHO SECRETARY OF STATE

12/09/1998 09:00 CK: 5538 CT: 107900 BH: 168758

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