## 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 gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction o business is: Colour's Refinishing / Collision Center 2. The true name(s) and business address(es) of the entity or individual(s) doin business under the assumed business name is/are: Complete Address Name 167 Walnut Street .. Twin: Falls . Ideho 8330 Ron Alexander Twin Falls Ideho 8330 Paul Ziebarth 594 Garnet Street. 5.4 a jagen gra 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Finance, Insurance, and Real Estate Agriculture Wholesale Trade Mining<sub>a Ar</sub> Construction Services 4. The name and address to which future Phone number (optional): correspondence should be addressed: Ron Alexander Submit Certificate of Assumed Business 167 Walnut Street Name and \$20,00 fee to: Twin Falls, Idaho 83301 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 U.S. Bank 208.334-2301 P.O. Box 509 Secretary of State use only Twin Falls, Idaho 83303-0509 Signature: Kon Clexand IDAHO SECRETARY OF STATE Printed Name: KAN ALEKANNER 10/07/1997 09:00 CK: 1693 CT: 1250 BH: 44944 Capacity: PARTNER (see instruction # 8 on back of form)

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