

## **CERTIFICATE OF** ASSUMED BUSINESS NAME 2005 DEC 18 AT 9: 32

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

State Color of State Please type or print legibly.

NOTE: See instructions on reverse before filing

1. The assumed business name which the ubusiness is:	J
Install- Pro	
2. The true name(s) and business address(substitution business under the assumed business name  Name  Look	(es) of the entity or individual(s) doing ame:  Complete Address  ZZI3 Alex Dr Filer ID  83328
3. The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	on and Public Utilities  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  The fall - Pro 22/3 Alex Dr. Filer TD &3328	Secretary of State 700 West Jefferson Basement West PO Box 83720
<ol> <li>Name and address for this acknowledged copy is (if other than # 4 above):</li> </ol>	ment Phone number (optional):  731 - 6287
AI	Secretary of State use only
gnature:	D 100 ( S 7 )  IDAHO SECRETARY OF STATE  12/18/2006 05:0
apacity/Title:(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/18/2006 05:0  CK: 2885 CT: 207559 BH: 10202 1 0 25:00 = 25:00 ASSUM NAME