(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
2To the SECRETARY OF STATE, STATE OF IDAHO OF APR 13 AM IO: 25 Pursuant to Section 53-504, Idaho Code, the undersigned STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: SMOKE-EM-OUT WINDOW TINTING 44X4 ACCESSORIES	
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business n Name JOHN T. PHEGLEY	ame is/are: Complete Address
CARY L. PHEGLEY	7601 ELMORE Rd. FRUITLAND, ID. 83619
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 208-452-6312
JOHN T: PHEGLEY 7601 ELMORE Rd.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgm copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	\$1000 \$200 \$110 \$100 \$4/21/2000 \$9:00
Signature: Signature:	9 04/21/2000 09:00 CX: 2567 CT: 130184 BH: 311276
Printed Name: JOHN T. PHEGLEY) J5206
Capacity: PRESIDENT.	