

FILED-EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 OCT - 1 AM 8:54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Recycled Glass Art

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Barbara Best

Complete Address

P O Box 913

Sagle, ID 83860

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Barbara Best

P O Box 913

Sagle, ID 83860

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Signature: B Best  
(signature required)

Printed Name: Barbara Best

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDaho SECRETARY OF STATE  
10/01/2003 05:00  
CK: 1379 CT: 158810 BH: 784417  
1 E 25.00 = 25.00 ASSUM NAME # 2

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