CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)



(rises type of pro	
To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Ida	tho Code, the undersigned
gives notice of adoption of an Ar	
business is:	h the undersigned use(s) in the transaction of
Carriel Stains	od Glass
2. The true name(a) and husiness add	বিress(es) of the entity or individual(s) doing
business under the assumed busin	
Name	Complete Address
DIME L. Stanberry	R+1 R2 22A
DIAC K. SIMBERTY	Kanjah ID 83536
	TWINGS, + D 0350
	acted under the assumed business name is: $$
(mark only those that apply)	
Retail Trade Manu	ifacturing Transportation and Public Utilities
Wholesale Trade	ulture 🔲 Finance, Insurance, and Real Estat
☐ Services ☐ Cons	struction
 The name and address to which fur correspondence should be address 	
	Submit Certificate of
Dixie L. Stanberry	
Rt. 1, Box 33A	Name and \$20.00 fee to
Kamiah ID 83536	Secretary of State
Ramian, ID 83536	700 West Jefferson
5. Name and address for this acknow	Pledament West
COPY 18 (If other than # 4 above):	PO Box 83720 Boise ID 83720-0080
Same as #4	208 334-2301
	Secretary of State use only
	1
D. O. L.	
nature: Divie & Stanbers	IDAHO SECRETARY OF STATE
nature: Divie & Stanberr ted Name: Divie L. Stanberr	97/23/1997 69 16 Ck: 438 CT: 84645 BH: 23773
ecity: OWNer/manager	CX: 438 C1: 84665 BRI COM
(see instruction # B on head of form)	
face are served as a series of a series.	18 D 66 08