

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 10 JUFILER 5:55ECTIVE

Please type or print legibly. Instructions are included on back of application.

SECTION OF STATE

	Endle	ess Glow
2.	The true name(s) and <u>business</u> address(est business under the assumed business name Name  Camille J. Bailey	
3.	The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities  Wholesale Trade Construction	
	Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
<b>4.</b>	The name and address to which future correspondence should be addressed:  Endless Glow	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
	4292 W. 33rd N. Idaho Falls, ID. 83402	208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt
		Secretary of State use only
Signa	ature:	
Capa Signa	ed Name: Camille J. Bailey city/Title; Owner ature: M. M. On ( ) ed Name:	IDAHO SECRETARY OF STATE  07/21/2010 05=00  CK: 2978 CT: 249771 BH: 123152-