227 To the SECRETARY OF STATE, STATE OF IDAHO

CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.) FILED

Pursuant to Section 53-504, Idaho Code, the anti-sign at 9: 21 gives notice of adoption of an Assumed Business Name.

	The assumed business name which the undersigned use (S) A first transaction of business is:			
	Reflections			
<u>)</u> .	business under the assumed business name	ue name(s) and business address(es) of the entity or individual(s) doing assumed business name is/are:		
	<u>Name</u> L.E. Duke Kodesh a		nplete Address Ave. N. Twin Falls, IV 83:	
3.	The general type of business transacted und (mark only those that apply)	der the assur	med business name is:	
	Retail Trade		nsportation and Public Utilities ance, Insurance, and Real Estate iing	
١.	The name and address to which future Procurespondence should be addressed:			
	Julie Conley Go Reflections 242 Main Ave N.		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	Twin Falls, ID 83301		Secretary of State	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):		700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
			Secretary of State use only	

Signature:_ Printed Name: < Capacity: Manager

(see instruction #8 on back of form)

TOAHO SECRETARY OF STATE

12/23/1998 09:00 CK: 4287 CT: 186563 BH: 172628

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