

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

08 AUG 25 AM 8: 2

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

Reed Glass Art	
2. The true name(s) and business address(es) o business under the assumed business name: Name Karen S Reed	f the entity or individual(s) doing Complete Address 5453 N Hickory Glen Pl. Boise Id 83713
The general type of business transacted unde Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	r the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State
correspondence should be addressed: Reed Glass Art 5453 N Hickory Glen Pl Boise ID 83713	450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
gnature: Kanen S-landing (signature required)	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF ST OB/25/2008 O: CK: 7224 CT: 229893 BH: 1 # 25.88 = 25.80 ASSIM
inted Name: Karen S Reed apacity/Title: owner	IDAHO SECRETARY OF ST ###################################

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