	CERTIFICATE OF ASSUM (Please type or print legibly. So		
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the	undereigned in the dig
1.	The assumed business name which the und business is:	dersigned us	e(s) in the transaction of the
2.	. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	J. Clark Summers 1	2102 Ker	mplete Address
	Cindy A Summers 1	2102 Ke	nsington Ave Hayden ID 838
3.	The general type of business transacted un (mark only those that apply)	der the assu	med business name is:
	☑ Retail Trade ☐ Manufacturing   ☑ Wholesale Trade ☐ Agriculture   ☐ Services ☐ Construction	Fin	ansportation and Public Utilities ance, Insurance, and Real Estate ning
4. The name and address to which future correspondence should be addressed:			r (optional): 208-762-1164
	Summors Glass MANNAGER 12102 Kensington Ave	runar	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
	Hayden ID 83835		Secretary of State
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		12/99	Secretary of State use only IDAHO SECRETARY OF STATE
Signatu	ure:	Revision 12/99	06/06/2001 09:00 6382008425 CT: 147271 BH: 401232 1 0 20.00 = 20.00 ASSUM NAME # 2
Capaci	ty: <u>partner</u> (see instruction # 8 on back of form)	g.corpiforms/abn.p65	D45862