

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO **98 FEB 27 AM 9:07**  
 Pursuant to Section 53-504, Idaho Code, the undersigned  
 gives notice of adoption of an Assumed Business Name of **SECRETARY OF STATE**  
**STATE OF IDAHO**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

WOODLAND REFLECTIONS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

| <u>Name</u>                | <u>Complete Address</u>                    |
|----------------------------|--------------------------------------------|
| <u>MARILYN WILLIAMS</u>    | <u>P.O. BOX 538, NEW MEADOWS, ID 83654</u> |
| <u>BEVERLY WISEMAN dba</u> | <u></u>                                    |
| <u>OUT OF THE WOODS</u>    | <u>P.O. BOX 545, NEW MEADOWS, ID 83654</u> |

3. The general type of business transacted under the assumed business name is:  
 (mark only those that apply)

|                                                  |                                        |                                                              |
|--------------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

WOODLAND REFLECTIONS

ATTN: MARILYN WILLIAMS

P. O. BOX 100

NEW MEADOWS, ID 83654

5. Name and address for this acknowledgment copy is (if other than # 4 above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: M. Williams

Printed Name: MARILYN WILLIAMS

Capacity: PARTNER

(see instruction # 8 on back of form)

Submit Certificate of  
 Assumed Business  
 Name and \$20.00 fee to:

Secretary of State  
 700 West Jefferson  
 Basement West  
 PO Box 83720  
 Boise ID 83720-0080  
 208 334-2301

Secretary of State use only  
 IDAHO SECRETARY OF STATE

02/27/1998 09:00  
 CK: 1344 CT: 09067 BH: 85952

1 @ 20.00 = 20.00 ASSUM NAME

012570

Revision 2/97

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