

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly

(see instruction #8 on back of form)

R-2 AM 0.	2003
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OF ID. STATE	01/

NOTE: See instructions on reverse before	filing.		
NOTE: See instructions on reverse before filing.  1. The assumed hyperses person which the understand (sec(a) in the transaction of			
<ol> <li>The assumed business name which the under business is:</li> <li>Shattered Glass Solutions</li> </ol>	ersigned use(s) in the transaction of		
3. The general type of business transacted under	er the assumed business name is:		
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  R. Jonathan Shirts  2501 E. Sherman Ave # 244 Coeur d'Alene, Insurance # 244  Secur d'Alene, Insurance # 244  Coeur d'Alene, Insurance # 244  Secur d'Alene # 244  Secur d'Alene # 244	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  Phone number (optional):		
COpy is (if other than # 4 above):	(208) 664-0694		
J. Benjamin Butter 476N. 2400 E. St. Anthony, Id 83445	Secretary of State use only		
Signature:	POPPOS		
Printed Name: R. Jonathan Shirts	IDAHO SECRETARY OF STATE		
Capacity/Title: Partner	CX: 1112 CT: 158916 BH: 672362		
(see instruction # 8 on back of form)	6 1 8 20.00 = 20.00 ASSUM NAME # 2		