

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

**FILED**



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned **8:43**  
gives notice of adoption of an Assumed Business Name.

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

TOUCH OF GLASS

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

Name

Complete Address

~~TOUCH OF GLASS~~

~~1150 Ripon Avenue, Lewiston, ID 83501~~

Laura Lautenschlager

1150 Ripon Avenue, Lewiston, ID 83501

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

- |  |  |  |
|--|--|--|
| <input 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 checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed:

Touch of Glass

1150 Ripon Avenue

Lewiston, Idaho 83501

5. Name and address for this acknowledgment

copy is (if other than # 4 above):

SEAPORT CITIZENS BANK

A Division of First Savings Bank of WA

P.O. Box 1268

Lewiston, Idaho 83501

Signature:

Printed Name: Laura Lautenschlager

Capacity: \_\_\_\_\_

(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

12/08/1999 09:00  
CK: 101339 CT: 6113 DH: 271914

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 31336