



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

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

Glass Master

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

Rathamone, Sinnasone 1611 Bitterroot DR.  
Rathamone, Chantane 1611 Bitterroot DR.

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 checked="" 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): 734-2546

Rathamone, Sinnasone  
1611 Bitterroot DR.  
Twin Falls, ID 83301

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

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

Signature: Sinnasone Rathamone

Printed Name: Sinnasone Rathamone

Capacity: Owner

(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

12/22/1999 09:00  
 CK: 841883847 CT: 124357 BH: 275641

1 @ 20.00 = 20.00 ASSUM NAME # 2  
 1 @ 0.25 = 0.25 CORP FORFI # 3

D 31629

FILED

DEC 22 11:28:04  
 State of Idaho