

# 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:

Snake River 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

Extreme Ones LLC

1561 Eldridge Ave.

Twin Falls, ID 83301

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



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

Phone number (optional): \_\_\_\_\_

Extreme Ones LLC

Agent: Ken Simmons

1561 Eldridge Ave.

Twin Falls, ID 83301

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

Rolig & Peterson, L.L.P.

P.O. Box 5298

Twin Falls, ID 83303-5298

Signature: Ken Simmons

Printed Name: Ken Simmons

Capacity: Members

(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

06/26/2000 09:00

CK: 1292 CT: 14107 BH: 329291

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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SECRETARY OF STATE  
STATE OF IDAHO