



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED/EFFECTIVE**

Please type or print legibly.  
NOTE: See instructions on reverse before filing.

01/09/2001 05:00:13

STATE OF IDAHO  
STATE OF IDAHO

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

Alpine Reflections

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

Name

Don Williams

Kathy Williams

Complete Address

PO Box 608

Spirit Lake Id.

83869

3. The general type of business transacted under the assumed business name is:

Retail Trade       Transportation and Public Utilities  
 Wholesale Trade       Construction  
 Services       Agriculture  
 Manufacturing       Mining  
 Finance, Insurance, and Real Estate

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

Don Williams  
PO Box 608  
Spirit Lake Id. 83869

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

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

Phone number (optional):

(208) 623-6784

Signature: Don Williams

Printed Name: Don Williams

Capacity: Owner

(see instruction # 8 on back of form)

9101071001 Form 501  
Revised 01/2001

IDAHO SECRETARY OF STATE  
11/09/2001 05:00  
CK: 4163 CT: 102407 BH: 426887  
1 e 20.00 = 20.00 ASSUM NAME # 2

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