

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

-2016 JUN 10 AM 9: 21

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

SECRETARY OF STATE

FILED EFFECTIVE

Reas Custom Cabi	nets & Furniture		
2 The individual and/o	r entity names and busines	ss address(es) of those doing business under	
the assumed busine	ess name (do not include the r	name you listed in #1):	
Mike Reas	2681 Lakeview F	2681 Lakeview Road, American Falls ID 83211	
(Name)	(Address)	(Address)	
Cheryl Reas	2681 Lakeview F	2681 Lakeview Road, American Falls ID 83211	
(Name)	(Address)		
(Name)	(Address)		
(Name)	(Address)		
_			
3. The general type of	business transacted under	r the assumed business name is:	
Retail Trade	Constructio	n Transportation and Public Utilities	
Wholesale Trad	e 🗌 Agriculture	Mining	
Services		ing Finance, Insurance, and Real Estate	
Mailing address for the Mike Reas	uture correspondence:	 Name and address for this acknowledgmen copy is (if other than # 4): 	
(Name) 2681 Lakeview Roa		(Name)	
(Address)	<u></u>	(Address)	
American Falls ID	33211	,	
(City)	(State) (Zipcode)	(City) (State) (Zipcode	
Printed Name: Mike Re	as	Secretary of State use only	
Signature: Me 1	ear		
Printed Name: Cherul Reas		IDAHO SECRETARY OF STATE 06/10/2016 05:00	
Signature: Way New		CK:1291 CT:158010 BH:15325 16 25.00 = 25.00 ASSUM NAME	
Printed Name:		7187159	

Rev. 08/2015