

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

03 DEC 22 PM 2: 34

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the und business is: 	ersigned use(s) in the transaction of
Glass Creations	
The true name(s) and business address(es) business under the assumed business name	e:
Name	Complete Address
Melvin J. Asay	1047 Elm St. Turn Falls Id 83301
Nettic S. Asay	1047 Elm 51 Twin Falls, Id 83301
3. The general type of business transacted und	der the assumed business name is:
Retail Trade Transportation	and Public Utilities
 Wholesale Trade ☐ Construction X Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Glass Creations 1047 Elm St. Twin Falls Id. 83301	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen	nt Phone number (optional):
COPY is (if other than # 4 above):	208-733-9450
	Secretary of State use only
	965
Signature: Melver & Warf	1DAHO SECRETARY OF STATE 12/23/2003 05 = 00 CK: CASH CT: 158010 BH: 718260
(signature required)	IDAHO SECRETARY OF STATE
Printed Name: Meduric J. ASa Y	IDAHO SECRETARY OF STATE 12/23/2003 05:00
Capacity/Title: Owner (see instruction # 8 on back of form)	CK: CASH CT: 158010 BH: 718260 1 0 25.00 = 25.00 ASSUM MAME # 2
	D 71595
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