CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)



To the SECRETARY OF STATE, STATE Of Pursuant to Section 53-504, Idaho Of gives notice of adoption of an Assur	Code, the undersigned
 The assumed business name which the business is: 	e undersigned use(s) in the transaction of
ORCHARDS GLASS	
The true name(s) and business address business under the assumed business	name is/are:
Name Mike Rosen	Complete Address 1014 Bryden Avenue, Lewiston, ID 83501
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade	e
The name and address to which future correspondence should be addressed:	Submit Certificate of
Orchards Glass 1014 Bryden Avenue	_ Assumed Business Name and \$20.00 fee to:
Lewiston, Idaho 83501	Secretary of State 700 West Jefferson
5. Name and address for this acknowledge copy is (if other than # 4 above): SEAPORT CITIZENS BANK	ment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
P.O. Box 1268	Secretary of State use only
Lewiston, Idaho 8350	- IDAHO SECRETARY OF ST
nature:	_ 0300 83757 2
ited Name: MIKE Roser	CK #: 891 CUST# 6113 ASSUM NAME 10 20.00= 2
pacity:	ASSUM NAME 18 20.00= 2

(see instruction # 8 on back of form)

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