



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 business is:

The Glass Reunion

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

Daryl Wittercraft

Complete Address

P.O. Box 379 Clark Fork ID 83811

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

P.O. Box 379

Clark Fork ID 83811

Phone number (optional): (208) 246-1195

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):

Signature: Daryl Wittercraft

Printed Name: Daryl Wittercraft

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

01/21/1999 09:00
CX: 2156 CT: 189965 BN: 188816

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 20357

FILED
JAN 21 AM 9:15
SECRETARY OF STATE
STATE OF IDAHO