

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

03 DEC 30 AM II: 35

SECRETARY OF STATE STATE OF IDAHO

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

 The assumed business name which the unders business is: 	-
SCINTILLATING GL	ASS
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name NICOLE MITCHELL	Complete Address
3. The general type of business transacted under Retail Trade Transportation are Wholesale Trade Construction	
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: NICOLE MITCHELL 710 RANCH RD. BOISE 1D 83702	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): 342-737)
	Secretary of State use only
Signature: Nicole Mitchell Printed Name: NICOLE MITCHELL	IDAHO SECRETARY OF STATE 12/30/2003 05:00 CK: 1961 CT: 158010 BH: 719078 1 0 25.60 = 25.60 ASSUM NAME # 2