



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

02 NOV 12 AM 11: 08

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

REFLECTIONS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Toni RAE MASON

Complete Address

1424 W. Hawaii AVE
Nampa, Idaho 83686

3. The general type of business transacted under the assumed business name is:

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

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

Toni RAE MASON
1424 W. Hawaii AVE
Nampa, Idaho 83686

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):

Phone number (optional):

208-461-8530

Secretary of State use only

Signature: Toni RAE MASON

Printed Name: Toni RAE MASON

Capacity: Owner

(see instruction # 8 on back of form)

g1corporation formslabn.p65
Revised 01/2001

11/13/2002 05:00
CK: 1174 CT: 158018 BH: 645523
1 @ 20.00 = 20.00 ASSUM NAME # 2

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