## CERTIFICATE OF ASSUMED BUSINESS NAME

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

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STATE OF IDAHO

Please type or print legibly.

Please type or print legibly.  NOTE: See instructions on reverse before filing.	STATE OF IDAHO
. The assumed business name which the undersigne	ed use(s) in the transaction of
business is: Nature Reflection	18
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Micheal Scott Woodhuse	Complete Address 3484 Shadow Mountain Trail Idaho Falls, ID. 83404
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Agriculture Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Nature Reflections c/o Mike Woodhouse  3484 Shadow Mountain Trail	Submit Certificate of Assumed Business Name and \$25.00 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:   (signature required)	Secretary of State use only
Printed Name: Muhra S. L. Landhause  Capacity/Title: Qual  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE    Delication
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