

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Please type or print legibly. NOTE: See instructions on reverse before filing. OZ JAM 28 AM 9: 39

Refle	ctions Salon
. The true name(s) and <u>business</u> address(e business under the assumed business nar	
<u>Name</u>	Complete Address
Michael Lee Roberts	19 East Main, Weiser, Id. 83672
Virginia M. Roberts	19 East Main, Weiser, Id. 83672
	on and Public Utilities
<ul> <li>☑ Wholesale Trade</li> <li>☑ Services</li> <li>☑ Manufacturing</li> <li>☑ Mining</li> <li>☑ Finance, Insurance, and Real Estatem</li> </ul>	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Virginia Roberts	PO Box 83720 Boise ID 83720-0080
1725 North 6th St. Payette, Id. 83661	208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent Phone number (optional): 208.549.2383
	Secretary of State use only
nature: Michael Lee Roberts acity/Title: Owner	Sport of the security of the s
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