

Signature:__

Printed Name: Jawar

(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

09 FEB | | AM 8: 33

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. SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the underst business is: Reflextions by Tamms	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Tammy Bentzinger A	Complete Address 8829 Prestello AV Ste A Mericau Falls ID 8321
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Reforms py Tammy 2829 St & Docardo My Sazil Name and address for this acknowledgment copy is (if other than #4 above):	
	Secretary of State use only

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