

CERTIFICATE OF ASSUMED BUSINESS NAME

FILE OF PAHOTE STATE OF TO AHOTE TO THE Trans-

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.

(see instruction # 8 on back of form)

	Glenn Greetings	
The true name(s) and business address(es) of business under the assumed business name:		
Name	Complete Address	
Donna D. Glenn	PO Box 1177 - Sandpoint, ID 83864	
3. The general type of business transacted unde	er the assumed business name is:	
 ✓ Retail Trade ✓ Wholesale Trade ✓ Construction ✓ Agriculture ✓ Manufacturing ✓ Mining 	Submit Certificate of Assumed Business	
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:	
The name and address to which future correspondence should be addressed: Donna D. Glenn	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080	
PO Box 1177	208 334-2301	
Sandpoint, ID 83864 5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t Phone number (optional): 208-255-4063	
same	Secretary of State use only	
Signature: Donnal Collena	IDAHO SECRETARY OF STATE ### PARTIES OF THE PARTIES OF STATE ### PARTIES OF THE	
(signature required)	IDAHO SECRETARY OF STATE 94/21/2003 05:00 CK: 5834 CT: 158810 BH: 6758	
Printed Name: Donna D. Glenn		