## IFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: TOWN AND COUNTRY DEPARTMENT STORE 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name P.O. BOX 338, SODA SPRINGS, ID 83276 MELODY A. HUNSAKER RICHARD K. HUNSAKER 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing xxxxRetail Trade Finance, Insurance, and Real, Estate Agriculture Wholesale Trade Construction Mining Services 4. The name and address to which future Phone number (optional): correspondence should be addressed: IRELAND BANK Submit Certificate of P.O. BOX 887 Assumed Business SODA SPRINGS, ID 83276 Name and \$20.00 fee to. Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 MELODY HUNSAKER 208 334-2301 P.O. BOX 338 83276 SODA SPRINGS, ID Secretary of State use only TDANG SECRETARY OF STATE 1 0 29.00 = 20.00 ASSUM MAME 1 RICHARD K. HUNSAKER Printed Name: 11203 **OWNERS** Capacity: (see instruction # 8 on back of form)