



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.  
Filing fee: \$25.00.

2015 JUL 29 AM 8:21

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

ROCK CREEK GENERAL STORE

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

C STORE EXPRESS LLC (w 133778)  
(Name)  
2785 SUNCREST CIRCLE TWIN FALLS ID 83301  
(Address) (City) (State) (Zipcode)

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address) (City) (State) (Zipcode)

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address) (City) (State) (Zipcode)

3. The general type of business transacted under the assumed business name is:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

ROCK CREEK GENERAL STORE  
(Name)  
3048 N 3800 E  
(Address)  
HANSEN ID 83334  
(City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

SAME  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: DEBBIE LASH  
Signature: *Debbie Lash*  
Printed Name: JIM LASH  
Signature: *[Signature]*  
Printed Name: Jim Lash  
Signature: \_\_\_\_\_

Secretary of State use only  
IDAHO SECRETARY OF STATE  
07/29/2015 05:00  
CK:1649 CT:312663 BH:1485839  
1@ 25.00 = 25.00 ASSUM NAME #2  
D180532