



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.

FILED EFFECTIVE
2003 JUL -1 AM 8:38
SECRETARY OF STATE
STATE OF IDAHO

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

BOOK NOOK PLUS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

NORENE THORNE

Complete Address

709 S. 12TH AVE RD

NAMPA, ID 83686

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

NORENE THORNE

420 W. DAKOTA

NAMPA, ID 83686

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

FARMERS & MERCHANTS STATE BANK

1513 S. 12TH AVE RD

NAMPA, ID 83686

Phone number (optional):

Signature: Norene Thorne

(signature required)

Printed Name:

NORENE THORNE

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

D46752

IDAHO SECRETARY OF STATE
07/01/2003 05:00
CK: 4008 CT: 129664 BH: 600853
1 @ 25.00 = 25.00 ASSUM NAME # 2