

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

[Click here to clear form.](#)
FILED EFFECTIVE

2014 FEB 21 PM 1:45

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

Cardiff Store

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

<u>Name</u>	<u>Complete Address</u>
<u>Atkinson Distributing Inc</u>	<u>701 Michigan</u>
<u>(C51918)</u>	<u>P.O. Box 1110</u>
	<u>Orofino, ID 83544</u>

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

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Cardiff Store-Atkinson Distributing Inc
P.O. Box 1110
Orofino, ID 83544

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

Signature: *Caren Adams*

Printed Name: Caren Adams

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/21/2014 05:00
CK: 1711670 CT: 172099 BN: 1411716
1 @ 25.00 = 25.00 ASSUM NAME # 4

D169120