

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 DEC 20 AM 9: 28

SECRETARY OF STATE STATE OF IDAHO

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

<ol> <li>The assumed business name which the u business is:</li> </ol>	ndersigned use(s) in the transaction of
FSS SHOP	
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> ERIK PARTIN  ———————————————————————————————————	·
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	on and Public Utilities  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  F 55 SHOP  PO BOX 687  Filer, ID 83328	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State use only
Signature:	
Printed Name: FRIK PARTIN	
Capacity/Title: Owner Signature:	IDAHO SECRETARY OF STATE  12/20/2011 05:00
Printed Name:	CK: 1213 CT: 265154 BH: 1302463 1 9 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	

abri,pmd Rev. 07/2010 (1) 152055