

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

FILED/EFFECTIVE  
00 MAR 27 AM 9:30



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

The Medicine Shoppe

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

Name

Complete Address

Michael D. Merrill

180 S. Holmes, Idaho Falls, ID 83401

Sandra Merrill

180 S. Holmes, Idaho Falls, ID 83401

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Bank of Idaho

P.O. Box 1487

Idaho Falls, ID 83403

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

IDAHO SECRETARY OF STATE

03/28/2000 09:00  
CK: 4849 CP: 1049 BH: 383866

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 34430

Signature: Michael D. Merrill

Printed Name: Michael D. Merrill

Capacity: Owner

(see instruction # 8 on back of form)