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To th

RTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the	e undersigned 📆 👢	D/E
1.	The assumed business name which the ur business is: Car R Groceries		se(s) in the transaction of	D/EFFECTIVE
2.	business under the assumed business name is/are:			VE
	John Edmund Stricklan	1591 GAR	Id. 83860	-
3.	The general type of business transacted un (mark only those that apply)	nder the assi	umed business name is:	_
	Retail Trade	Fir	ansportation and Public Utilit nance, Insurance, and Real E ning	
4.	The name and address to which future correspondence should be addressed: Tokn E Strick LAN Submit Certificate of			
	489 W. GARFIELD BAY Rd.		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	n t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
ıatu	re: 206 Sla Oa.	Revision 1/98	\$8660 \$200 \$1600 \$1600 \$4/83/2001 09:00 CK: 429 CT: 141712 BH: 388883 1 0 20:00 = 20:00 ASSUM NAME #	

Sign

Printed Name: John F STRICK IAN

Capacity: NWNER

(see instruction # 8 on back of form)

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