

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

10 SEP -2 AM 8: 32

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

SECRE BRY OF STATE STATE OF IDAHO

 The assumed business name which the business is: 	e undersigned	use(s) in the transaction of
	Hill General Sto	ore
2. The true name(s) and <u>business</u> addres business under the assumed business Name Jamie McDowell	name: 830 Blue L	ntity or individual(s) doing <u>Complete Address</u> _akes Blvd. N. , ID 83301
Wholesale Trade Construct Services Agricultur Manufacturing Mining	ation and Pub tion re	Submit Certificate of Assumed Business
Finance, Insurance, and Real Es 4. The name and address to which future correspondence should be addressed: Jamie McDowell 830 Blue Lakes Blvd. N. Twin Falls, ID 83301	;	Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment 	
nature: Jamie McDowell		Secretary of State use only
pacity/Title: Owner nature:		IDAHO SECRETARY OF STATE 99/02/2010 05:00 CK: 586166 CT: 172899 BH: 1237371 1 0 25.00 = 25.00 ASSUM NAME #

abn.pmd Rev. 07/2010