



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

The Phone Store

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

Name

Complete Address

Charise Nelson

P.O. Box 566, Grangeville ID 83530

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

The Phone Store
223 E. Main Street
Grangeville ID 83530

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

Same as #4

Signature: Charise Nelson
(signature required)

Printed Name: Charise Nelson

Capacity/Title: Owner/Operator

(see instruction # 8 on back of form)

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

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

Phone number (optional):

208-483-7900

Secretary of State use only

g:\compform\slm\form\slm\slm.p65
 Revised 04/2003

IDAHO SECRETARY OF STATE
 04/25/2005 05:00
 CK: 6080 CT: 158010 RH: 806584
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D 87119

2005 APR 25 11:10:22
 STATE OF IDAHO

FILED EFFECTIVE