

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **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



| NOTE. See instructions on reverse being   | 3/40 1/E   |
|---|--|
| <ol> <li>The assumed business name which the unbusiness is:</li> </ol>                                  | ndersigned use(s) in the transaction of  |
| antique attic   |  |
| 2. The true name(s) and business address(e business under the assumed business name  Name  Ondrea M Cox |  |
| 3. The general type of business transacted to   | under the assumed business name is:  |
| Retail Trade  | 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 |
|   | Secretary of State use only  |
|   | - i   B  |
| Signature: Ondrow M Ook   | IDAHO SECRETARY OF STATE   |
| Printed Name: <u>Ondrea</u> M Cox   | IDAHO SECRETARY OF STATE  97/22/2003 05:00  CK: 5515 CT: 158010 BH: 692344  1 2 25.00 = 25.00 ASSUM NAME # 2   |