



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 JAN 22 AM 9:24

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

SECRETARY OF STATE
STATE OF IDAHO

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

Pharmacy Shop Express

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

Name

R & J Pharmacy, Inc.

(C156283)

Complete Address

1441 Parkway Dr.; Blackfoot, Idaho 83221

69 N Pine St.; Blackfoot, Idaho 83221

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Pharmacy Shop Express

69 N Pine St

Blackfoot, Idaho 83221

Submit Certificate of
Assumed Business
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 acknowledgment copy is (if other than # 4 above):

Signature:

Printed Name:

Robert W. Miller

Capacity/Title:

PRESIDENT

Signature:

Printed Name:

Capacity/Title:

Secretary of State use only

IDAHO SECRETARY OF STATE
01/23/2013 05:00
CK: 3065 CT: 278488 BH: 1356778
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 160448