



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

09 JUL 29 AM 8:31

SECRETARY OF STATE
STATE OF IDAHO

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:

Why PAY More? Secondhand 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

CAROLYN Boici

608 N. ORCHARD St.
Boise, Id 83706

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	

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

CAROLYN Boici
608 N. ORCHARD St.
Boise, Id 83706

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

Secretary of State use only

Signature: C. Boici
(signature required)

Printed Name: CAROLYN Boici

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Information Form 55
Revised 04/2003

IDaho SECRETARY OF STATE
07/29/2009 05:00
CK: 3209 CT: 239230 BH: 1186693
1 0 25.00 = 25.00 ASSUM NAME # 2

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