



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.

RECEIVED -7 PM 2:14
STATE OF IDAHO

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

Pharmacy Shop

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.

Complete Address

69 N Pine St, Blackfoot, Idaho 83221

C 156283

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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

69 N Pine St.

Blackfoot, Idaho 83221

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

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):

208-785-3510

Signature: _____

(signature required)

Printed Name: _____

Robert N. Miller

Capacity/Title: _____

President

(see instruction # 8 on back of form)

Secretary of State use only

D82412

IDAHO SECRETARY OF STATE
12/07/2004 05:00
CX: 235747067 CT: 150010 BH: 700254
1 @ 25.00 = 25.00 ASSUM NAME # 2