



**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

**FILED EFFECTIVE**

11 JUN 22 AM 8:53

SECRETARY OF STATE  
STATE OF IDAHO

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

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

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

DejaVu Consignments

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

<u>Name</u>	<u>Complete Address</u>
Linda Sue Nulf	144 W. Grand Avenue Arco, Idaho 83213

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:

Linda Nulf DBA DejaVu  
P.O. Box 677  
Arco, Idaho 83213

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Signature: Linda Sue Nulf

Printed Name: Linda Sue Nulf

Capacity/Title: Sole Proprietor

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
06/22/2011 05:00  
CK: 2057 CT: 260019 BH: 1279488  
1 P 25.00 = 25.00 ASSUM NAME # 2