



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 JUL 22 AM 9:14

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:

FALLS DRUG & HARDWARE

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

ALLEN PHARMACY SERVICES INC

23 N BRIDGE ST

C146422

ST ANTHONY, ID 83445

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:

23 N BRIDGE ST

ST ANTHONY, ID 83445

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):

C/O BANK OF IDAHO

PO BOX 126

ST ANTHONY, ID 83445

Signature: Paul Allen

Printed Name: PAUL ALLEN

Capacity/Title: PRESIDENT

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/23/2013 05:00
CK: 12603 CT: 285567 BH: 1303807
1 @ 25.00 = 25.00 ASSUM NAME # 2

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