



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.
Instructions are included on back of application.

2014 JUN 12 AM 05:02

SECRETARY OF STATE
STATE OF IDAHO

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

WHITE CROSS PHARMACY - SANDPOINT

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

Name

DEBLAQUIERE ENTERPRISES, INC.

(C116642)

Complete Address

1319 HWY 2, STE A, SANDPOINT ID 83864

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 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:

DEBLAQUIERE ENT. INC.

PO BOX 458

PRIEST RIVER ID 83856

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):

DEBLAQUIERE ENT. INC.

PO BOX 458

PRIEST RIVER ID 83856

Secretary of State use only

Signature: 

Printed Name: SHANNON MCGLASHAN

Capacity/Title: SECRETARY

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDaho SECRETARY OF STATE
06/12/2014 05:00
CK: 9695 CT: 246224 BH: 1428894
10 25.00 = 25.00 ASSUM NAME #3

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