

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. If this is a duplicate, please print on the reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-904, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

The Web Shop

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

Name	Complete Address
<u>Josephine Dover</u>	<u>202 Dover Ln</u>
	<u>Twin Falls, ID 83301</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): _____

Josephine Dover
202 Dover Ln
Twin Falls, ID 83301

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

P.O. Box 87
Twin Falls ID 83303

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

04/18/2001 09:00
CK: 953220 CT: 145209 BH: 391911

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Josephine Dover

Printed Name: Josephine Dover

Capacity: Bookkeeper; Owner

(see instruction # 8 on back of form)

Revision 2/97

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