Capacity/Title: New owner

(see Instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, aubmits for filing a cartificate of Assumed Please type or print legibly, NOTE: See Instructions on reverse between the contract of	SS NAME , the undersigned d Business Name.
1. The assumed business name which the ubusiness is: Corner Store	Indersigned use(s) in the transaction
2. The true name(s) and <u>business</u> address(e business under the assumed business na Name	Complete Address 410 Courthouse DR Salmon, ID 83467
3. The general type of business transacted using the second of the secon	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: THARITYN S. NUTT CORNER STORE 410 COURT house DR SAIMON, TD 83467	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgments (if other than # 4 above); 	
nature: Man S Must	Secretary of State use only

