



# 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.

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

10 JUN -1 PM 1:02

SECRETARY OF STATE  
STATE OF IDAHO

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

Discount Cigarettes #1

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

Name

Steven R Cockerum

Complete Address

1219 NW 16th St

Fruitland, Id. 83619

3. The general type of business transacted under the assumed business name is:

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Discount Cigarettes #1

1219 NW 16th St

Fruitland, Id. 83619

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

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

(signature required)

Printed Name: Steven R Cockerum

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
CK: 171767 CT: 158818 BH: 1224866  
1 @ 25.00 = 25.00 ASSUM NAME #

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