

Capacity/Title: CWI)

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

77 21 21 9:30

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.

The assumed business name which the undersigned use(s) in the transaction of business is:	
The Book Bag	
2. The true name(s) and business address(es) of the er business under the assumed business name: Name	ntity or individual(s) doing Complete Address Ox 956, Cascade, ID 83611
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Construction	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West
Po Box 956 Cascade, ID 83611	PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208/382-6727
	Secretary of State use only
Signature:	

IDAHO SECRETARY OF STATE
11/26/2002 05:00
CK: 260 CT: 158010 BH: 648122
10 20.00 = 20.00 ASSUM NAME # 2

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