	CERTIFICATE OF	
	ASSUMED BUSINESS	
No. of the	Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed Bi	
	Please type or print legibly	
Please type or print legibly. NOTE: See instructions on reverse before filing.		
	assumed business name which the un ness is: Cherry Plaza Merchants As	dersigned use(s) in the transaction of
	true name(s) and <u>business</u> address(es) ness under the assumed business name <u>Name</u>	
	Roxanne Gail Beach	
		54 East Fairivew Avenue, Meridian, Idaho
4. The correct Ro. 54	general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate name and address to which future espondence should be addressed: xanne Gail Beach East Fairview Avenue ridian, ID: 83642	nder the assumed business name is: a and Public Utilities Submit Certificate of Assumed Business Name and \$29.00 fee to: Secretary of State. 700 West Jefferson. Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	me and address for this acknowledgme by IS (if other than # 4 above):	ent Phone number (optional): 208-884-5135
·		Secretary of State use only
Signature:_ Printed Nar Capacity/Ti	(signature required) me: Roxanne. Gail Beach	IDAHO SECRETARY OF STATE 06/13/2002 05:00 CX: 2128 CT: 161142 BH: 471465

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= 20.00 ASSUM NAME # 3 D557782