

Signature + 101 Mule

Printed Name:

Capacity/Title:_

Farhana Hibbert

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

	FILEDER
CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the ur submits for filing a certificate of Assumed Busine Please type or print legibly. NOTE: See instructions on reverse before file	ess Name.
The assumed business name which the understandard business is: Corner St.	
The true name(s) and business address(es) of business under the assumed business name:	Complete Address 201 S. 10th Ave., Pocatello, ID 83201 same
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Corner Store, attn: Farhana Hibbert 201 S. 10th Ave. Pocatello, ID 83201	Secretary of State 700 West Jefferson Basement West 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) 234-7383
	Secretary of State use only

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IDAHO SECRETARY OF STATE @7/11/2003 05:00 CK: NO CK # CT: 158010 BH: 690595 1 @ 25.00 = 25.00 ASSUM NAME # 2

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