

Signature

Printed Name: Roxanne 7

(see instruction # 8 on back of form)

Capacity/Title: <u>Owner</u>

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, Idano Code, the undersigned submits for filing a certificate of Assumed Business Name. 25 25 25 9: 18

NOTE: See instructions on reverse before filing.

Please type or print legibly.

NOTE. See instructions on leverse before ming.	A STATE
The assumed business name which the undersigned business is:   ——————————————————————————————————	use(s) in the transaction of
2. The true name(s) and business address(es) of the end business under the assumed business name:  Name  Roxanne R. Hill  McCa	Complete Address
3. The general type of business transacted under the and Retail Trade	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-634-7263
Spdrug	Secretary of State use only

IDAHO SECRETARY OF STATE

10/25/2002 05:00

CM: 1489 CT: 158010 RH: 642561
1 8 20.00 = 20.00 ASSUM HAME # 2

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