



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

08 JAN 17 AM 11:55

SECRETARY OF STATE
STATE OF IDAHO

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

DEBBIES NOVELTY SHOP

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

Name

Complete Address

DEBBIE LYN BIBB

1547 E. DAYLESFORD DR. EABLE ID 83616

ANDY BIBB

1547 E. DAYLESFORD DR. EABLE ID 83616

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

DEBBIE & ANDY BIBB

1547 E. DAYLESFORD DRIVE

EABLE, ID 83616

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

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

Signature:

Debbie Lyn Bibb
(signature required)

Printed Name:

DEBBIE LYN BIBB

Capacity/Title:

OWNER/OPERATOR

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\format\form\labn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
01/17/2008 05:00
CK: 1425671 CT: 172099 BH: 1095313
1 @ 25.00 = 25.00 ASSUM NAME # 2

D118361