Printed Name: _____

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

30 G; 8:42

FILED EFFECTIVE

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.

Correspondence should be addressed: 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	The true name(s) and business address(e business under the assumed business names and the second sec	
Cardra City 10 Sally	Name	Complete Address
The general type of business transacted under the assumed business name is: Retail Trade	Cole S. Odom	213 E 37Th
Retail Trade		Carden City ID
Retail Trade		3 / 83714
Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):	Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
5. Name and address for this acknowledgment Phone number (optional):		PO Box 83720
5. Name and address for this acknowledgment Phone number (optional):		
nonvie w w w w w w	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ent Phone number (optional):
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IDAHO SECRETARY OF STATE

99/30/2003 05:00

CK: 2874 CT: 158818 BH: 784212
1 8 25.00 = 25.00 ASSUM NAME # 2