



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
2005 AUG 19 AM 9:34

SECRETARY OF STATE
STATE OF IDAHO

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

Bent Corners Bookstore

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

Name

Lori Hanson

David D. Hanson

Complete Address

29 E. Fairview, Suite 204/205

29 E. Fairview, Suite 204/205

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

- ☒ Retail Trade
☐ Wholesale Trade
☐ Services
☐ Manufacturing
☐ Finance, Insurance, and Real Estate

- ☐ Transportation and Public Utilities
☐ Construction
☐ Agriculture
☐ Mining

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

Bent Corners Bookstore

29 E. Fairview, Suite 204

Meridian, ID 83642

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

Lori Hanson

1980 W. Marten Creek Drive

Meridian, ID 83642

Signature:

Lori Hanson

(signature required)

Printed Name:

Lori Hanson

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

(208) 855-2602

Secretary of State use only

IDAHO SECRETARY OF STATE
08/19/2005 05:00
CK: 814 CT: 158010 BH: 907145
1 @ 25.00 = 25.00 ASSUM NAME # 2

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