



# 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.

10 JUN 28 AM 9: 04

SECRETARY OF STATE  
STATE OF IDAHO

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

LUCKY HORSESHOE THRIFT STORE

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

DEBRA S LEHMAN

2318 ST MARIES AVE, ST MARIES, ID 83861

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

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

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

DEBRA S LEHMAN

2318 ST MARIES AVE

ST MARIES, ID 83861

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

Signature:

*Debra S. Lehman*  
(signature required)

Printed Name:

DEBRA S LEHMAN

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

0140342

IDAHO SECRETARY OF STATE  
06/28/2010 05:00  
CK: NO CK# CT: 158010 BH: 1228396  
1 @ 25.00 = 25.00 ASSUM NAME #