



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 MAR -7 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

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

The Twilight Zone

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

Sandra Newcomb

1320 Tasa place ~~Meridian, Id.~~

Paul Newcomb

Meridian, Id. 83642

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

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

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

Sandra Newcomb
1320 Tasa place
Meridian, Id. 83642

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

Signature: Sandra Newcomb
(signature required)

Printed Name: Sandra Newcomb

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):

208-884-1083

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
 03/07/2005 05:00
 CK: 2489 CT: 158010 BH: 796839
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D 85300