

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED/EFFECTIVE

02 JAN 22 AM 8: 46

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the un business is:	dersigned use(s) in the transaction of
Sugar City One Stop	
The true name(s) and <u>business</u> address(es) business under the assumed business name.	e:
<u>Name</u>	Complete Address
Brad & Daedre Orme	PO Box 532
	Sugar City , ID 83448
3. The general type of business transacted ur  Retail Trade Transportation  Wholesale Trade Construction	nder the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	Secretary of State 700 West Jefferson
Brad Orme PO Box 481 Sugar City, IO 83448	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgme copy is (if other than #4 above):</li></ol>	ent Phone number (optional): (208)656-0867
ECIPOA	
310 N. 2nd E. Suite115 Rexhung ID 83440	Secretary of State use only
Signature: Brad Ome	1   22   2456   CT: 141694   BH: 441334
Printed Name: Brad Orme	IDAHO SECRETARY OF STATE
Capacity/Title: Owner	01/22/2002 05:00 CK: 2456 CT: 141694 BH: 441334
(see instruction # 8 on back of form)	1 0 20.00 = 20.00 ASSUM NAME I

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