

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned c -9 PH 2: 07 submits for filing a certificate of Assumed Business Warner C -9

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE

Sta-Well Health Food Store	
The true name(s) and business address(es) of business under the assumed business name:	
Name Experienced Furniture, LLC	Complete Address 786 College Dr. Twin Falls, Id 83301
	700 College Dr. Twill Falls, Id 65501
W36248	
3. The general type of business transacted under	the assumed business name is:
✓ Retail Trade ☐ Transportation and ☐ Wholesale Trade ☐ Construction	a Public Utilities
<ul><li>Wholesale Trade ☐ Construction</li><li>Services ☐ Agriculture</li></ul>	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business Name and \$25.00 fee to:
☐ Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Sta-Well Health Food Store	PO Box 83720
1563 Fillmore St. Unit 1B	Boise ID 83720-0080
1000 1 mm,010 0tt 0111t 12	208 334-2301
Twin Falls, ID 83301	250 554-2561
Twin Falls, ID 83301	Phone number (optional):
Twin Falls, ID 83301  5. Name and address for this acknowledgment	Phone number (optional):
Twin Falls, ID 83301  5. Name and address for this acknowledgment	Phone number (optional):
Twin Falls, ID 83301  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-733-8311
Twin Falls, ID 83301  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-733-8311
Twin Falls, ID 83301  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-733-8311  Secretary of State use only
Twin Falls, ID 83301  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-733-8311

(see instruction # 8 on back of form)