

227



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

2003 MAR 12 AM 9:35

STATE OF IDAHO

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

GRANNY L'S BOUTIQUE

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

TIMOTHY MELLOR

417 6TH ST WALLACE ID 83813

LEONA DIVECCHIA

417 6TH ST WALLACE ID 83813

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

FONK'S GENERAL STORE
518 CEDAR ST
WALLACE ID 83873

**Submit Certificate of
Assumed Business
Name and \$20.00 fee to:**

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

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

Phone number (optional):

208 556-0276 on
208 753-7781

Signature: Leona De Vecchia
(signature required)

(signature required)

Printed Name: LEONA DIVECCHIA

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

Received 09/20/02

IDAHO SECRETARY OF STATE
03/12/2003 05:00
CK: 389 CT: 168178 BH: 668013
1 2 20.00 = 20.00 ASSUM NAME # 2

D 63394