



CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 OCT -9 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

DOLLAR DEPOT AND MORE

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

DARLENE M. BOLING

PO Box 29, BONNERS FERRY, ID

MICHAEL C. BOLING

5574 MOYIE RIVER RD 83805
BONNERS FERRY

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <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 | |

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

DARLENE M. BOLING

DOLLAR DEPOT AND MORE

PO Box 29

BONNERS FERRY, ID 83805

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

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):

208-267-3286

Secretary of State use only

Signature:

Darlene M. Boling
(signature required)

Printed Name:

DARLENE M. BOLING

Capacity/Title:

NEW OWNER

(see instruction # 8 on back of form)

g:\cop\forms\staten_forms\staten.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/09/2009 05:00
CK: 102 CT: 150010 BH: 1190520
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 134134