



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 JUL -9 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

Magic Valley Thrift Store

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Sherry Dowalo</u>	<u>226 Main St.</u>
<u>ON W</u>	<u>Twin Falls, ID.</u>
	<u>83316</u>

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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

Sherry L. Dowalo
419 Fruitland Ave. #1
Buhl, ID. 83316

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

Sherry L. Dowalo
419 Fruitland Ave. #1

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Sherry L. Dowalo
Printed Name: Sherry L. Dowalo
Capacity/Title: Owner
Signature: Sherry L. Dowalo
Printed Name: Sherry L. Dowalo
Capacity/Title: Owner SELF

IDAHO SECRETARY OF STATE
07/09/2012 05:00
CK: 14522755107 CT: 272202 BH: 1331345
1 @ 25.00 = 25.00 ASSUM NAME # 2

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