

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## **FILED EFFECTIVE**

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

11 MAR -4 PM 1: 05

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

SEURETARY OF STATE STATE OF IDAHO

1. The assumed business name which the under business is:  The Mustore Sure  2. The true name(s) and business address(es) business under the assumed business name Name  Darbara Le Stanton  One of the sure of t	of the entity or individual(s) doing
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  3880 Branting Place Services Services Agriculture Mining Finance, Insurance, and Real Estate  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 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature Denter Les Stanton  Printed Name Denter Les Stanton  Capacity/Title: Owner.  Signature:  Printed Name:	IDAHO SECRETARY OF STATE   13.747/2011   25.00   CK: 1436 CT: 158010 BH: 1263112   1 8 25.00   25.00 ASSUM NAME # 2
Capacity/Title:	D145795

abn.pmd Rev. 07/2010