

CERTIFICATE OF ASSUMED BUSINESS NAME

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

CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. Instructions are included on back of an	S NAME the undersigned Business Name. 3013 411 3240
The assumed business name which the ubusiness is: Best Friends Consignment	
. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Denise A. Olsen Patricia Hurst	· · · · · · · · · · · · · · · · · · ·
The general type of business transacted of Retail Trade	on and Public Utilities n Submit Certificate of Assumed Business

IDAHO SECRETARY OF STATE

@6/@3/2013 @5:00

CK: 1197 CT: 283868 BH: 1376445
1 @ 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010

9/21/2012

Capacity/Title; Owner

Capacity/Title: Owner

Printed Name: Patricia Hurst

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Africa Hust

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