7					
	CERTIFICA	TE OF		FILED EF	FECTIVE
	ASSUMED BUS		NAM	E 09 MAY -4	
	Pursuant to Section 53-504, Ida	ho Code, the	undersig	ned	NFT 3F # /
	submits for filing a certificate of		iness Na	UCUME (ARY (F STATE
N	Please type or print OTE: See instructions on rev		filina	STATE OF	DAHO
ν Ι	TOTE. See manucuons on rev				
1. The	assumed business name whi	ch the unde	rsigned	use(s) in the transaction	of
busi	ness is:				
		Stuff N' T	hings		
0 T b -	American and husiness a		d the e	tite or individual (o) doing	
	true name(s) and business ac ness under the assumed busi			itity of individual(s) doing	
Name Sheri McCombs - Siler				Complete Address	
		724 Ash Pocatello, ID 83201			
	Trina Green		103	8 N Grant Ave Pocatello, ID 8	3204
	······································				
3. The	general type of business tran	sacted unde	er the a	ssumed dusiness name i	5.
	Retail Trade	sportation a	nd Pub	lic Utilities	
		struction			
	Services Agri	cuiture		Submit Certificate of	
	Manufacturing 🗌 Mini	ing		Assumed Business	
	Finance, Insurance, and Re	al Estate		Name and \$25.00 fee to) ;
4 The	name and address to which f	uture		Idaho Secretary of State	
	espondence should be addres			450 N 4th Street PO Box 83720	
St	uff N' Things			Boise ID 83720-0080	
	8 S 4th Ave			(208) 334-2301	
Po	catello, ID 83201				
	ume and address for this ackno py is (if other than # 4 above):	owieagment			
	py 13 (il oulei ulait # 4 above).				
					II
				Secretary of State use	viny
ندر برما ا	1 - 1	<u> </u>	29d7		
, Signature:	KIMA LIPP	N	mekab 03		
	(signature required)		g'corptomistation formatiation.pdd Revisied O4/2003		· · · ·
Printed Na	arrio.	<u> </u>	Rewise	IBANO SECRE	TARY OF STATE
Capacity/1			booy;6	CK: 322816 CT: 1	58818 BH: 1168945
	(see instruction # 8 on back of form)				is de l'houven mail a l'
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