



CERTIFICATE OF ASSUMED BUSINESS NAME *RECEIVED*

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

JULY -2 AM 9:15

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE
STATE OF IDAHO

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

SAMUEL'S Thrift store

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

Name

Cristina Gonzalez
C. Elisa Gonzalez

Complete Address

205 N Main Street, ID 83236
205 N Main Street, ID 83236

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

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

P.O. Box 343
Firth, Idaho 83236

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

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

Phone number (optional):

346-6219

Secretary of State use only

0779885

Signature: Cristina Gonzalez

Printed Name: Cristina Gonzalez

Capacity: _____

(see instruction # 8 on back of form)