

Printed Name:

Capacity/Title: S

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE 02 NOV 18 AH ID: 52

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is:	
Terri's Bargain	3ars
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Terribee White	
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Terri Lee White 930 West Gold Stree Kuna Idano 83634	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional): 208-922-1215
anatura: Applianta	Secretary of State use only

Revised 07/2002

IDAHO SECRETARY OF STATE
11/19/2002 05:00
CK: 25% CT: 158810 BH: 646750
8 20.00 = 20.00 ASSUM MANE # 2

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