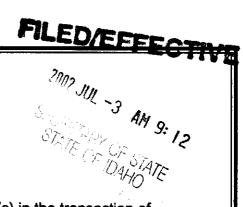




## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

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



Sandy's Pot Shoppe  The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
Sandra G. Troxel	7429 Cowen St., Boise, ID 83709
The general type of business transacted  Retail Trade  Transportat	under the assumed business name is: on and Public Utilities
<ul> <li>☐ Wholesale Trade</li> <li>☐ Construction</li> <li>☐ Services</li> <li>☐ Agriculture</li> <li>☐ Manufacturing</li> <li>☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:  Sandy's Pot Shoppe	Secretary of State 700 West Jefferson Basement West PO Box 83720
7429 Cowen St.	Boise ID 83720-0080
Boise, ID 83709	208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent Phone number (optional):  208 362-3348
	Secretary of State use only
ed Name: Sandra G. Troxel acity/Title: owner (see instruction # 8 on back of form)	- Specification of the second

1 @ 20.00 = 20.00 ASSUM NAME # 2

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