

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

97 SEP 22 PM 2:22

SECRETARY OF STATE

STATE OF IDAHO

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

Cash Depot

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

Name
Tami Cover

Paul McLEOD

Complete Address

13131 Five mile Kuna Id 83642

433 E 1st St meridian Id 83642

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☒

Finance, Insurance, and Real Estate

☐

Services

☐

Construction

☐

Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): _____

Cash Depot

433 E 1st St

meridian Id 83642

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

Tami Cover

13131 Five mile

Kuna Id 83634

Signature:

Tami L Cover

Printed Name:

Tami L Cover

Capacity:

owner / Partner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDAHO SECRETARY OF STATE

09/22/1997 09:00
CK: 1024 CT: 07514 BH: 40503

1 @ 20.00 = 20.00 ASSUM NAME

D 8311

Revision 2/87

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