

Capacity/Title:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2011 APR -7 AM 9: 37
STATE OF TOAHO

Please type or print legibly.

Instructions are included on back of application.

The assumed business name which the undopulation business is: Thomas Club	
3. The general type of business transacted und	e: Complete Address 3450 E. Highway 36 Malad City, ID 83252-6008 1098 Cypress Way Twin Falls ID 83301
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Kuthy Barns 10 98 Cypress Wuy Turn Fulls TD 83301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Kath Barnes Printed Name: Kath Barnes	Secretary of State use only
Capacity/Title: Manager Signature:	IDAHO SECRETARY OF STATE
Printed Name:	04/07/2011 05:00 CK: 3661 CT: 257483 BH: 1268076 1 0 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010 D 146691