

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE 2017 MAR 29 AM 8=51

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Donnelly Thrift Store The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):						
2.							
	Kristi Aaker	West	West Roseberry Plaza Suite 105 Donnelly Idaho 83615				
	(Name) (Address)						
	(Name)	(Address)					
	(Name)	(Addres	(Address)				
	(Nema)	Addres					
3.	The general type of business transacted under the assumed business name is:						
	Retail Trade Wholesale Trade Services		Construction Agriculture Manufacturing		ransportation and Public Utilities Ilining inance, Insurance, and Real Estate		
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than #4):						
	Kristi Aaker				_		
	(Name) PO Box 161			(Name)			
	(Address)		00045	(Address)			
	Donnelly ःक्ष	ID (State)	83615 (Zpeoce)	(City)	(State) (Topcode)		
		_					
	inted Name: Kristi Aake			Albert American	Secretary of State use only		
Signature: Knut: Caker. Printed Name:					IDAHO SECRETARY OF STATE 03/29/2017 05:00		
					CK:2836 CT:336999 BH:1576132		
Si	gnature:	,		10	25.00 = 25.00 ASSUM NAME #2		
Pr	inted Name:		**************************************	T	0193777		
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