

Capacity/Title:

(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.

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

•	
2. The true name(s) and <u>business</u> address(es business under the assumed business named busin	s) of the entity or individual(s) doing
Name	Complete Address
TOWNE SCHARE SIX LIMITED	4550 HENRY ST.
C 86641	Beise TD 83704
. The general type of business transacted un	nder the assumed business name is:
prisonal.	n and Public Utilities
☐ Wholesale Trade ☐ Construction	Tara Fabric Othiges
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
CNLY ONE DOLLAR SUPERSTORES	PO Box 83720
4550 HENRY ST.	Boise ID 83720-0080
BCISE ID 83709	208 334-2301
. Name and address for this acknowledgme	nt Phone number (optional):
COPY is (if other than #4 above):	(208) 362-1111
SAME AS ABOVE	110) Mez III

11/13/2002 05:00 CK: 11256 CT: 71534 BH: 645475 1 € 20.00 = 20.00 ASSUM NAME # 2

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