

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 DEC -6 PM 4:49

Please type or print legibly. Instructions are included on back of application.

STATE OF IDAHO

| | STATE UP IDAHO |
|--|---|
| The assumed business name which the undersign business is: | ned use(s) in the transaction of |
| sendy! Overstock Clothia | ng Outlet |
| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Candice Hadley 143 | e entity or individual(s) doing Complete Address W. Main St. mett, Idaha 83617 |
| 3. The general type of business transacted under the Retail Trade Transportation and F 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: CANDICE HADLEY CLO TRENDY! 3777 E. ALTA RIDGE DR. | 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): | |
| An Divide In | Secretary of State use only |
| nted Name: Candice Hadle | |
| pacity/Title: 1 Whole | TRAUM AFARFTANU ÅF STATF |
| pnature: | IDAHO SECRETARY OF STATE 12/07/2011 05:60 CK: 4569 CT: 264725 BH: 130612 |
| inted Name: | 1 9 25.88 = 25.00 ASSUM MAME # 2 |

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abn.pmd Rev. 07/2010