

Capacity/Title: <u>GWN QC</u>

(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.

Shirts + More	
 The true name(s) and <u>business</u> address(estable) business under the assumed business name 	
<u>Name</u>	Complete Address
Marca at Thornton	10 High St. Wallace Id 83873
Thomas Thorn ton	10 Nigh St., hallare Td83873
3. The general type of business transacted ur	nder the assumed business name is:
Wholesale Trade Construction	n and Public Utilities
Services Agriculture	Submit Certificate of
ManufacturingMiningFinance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Can de Thomas De An	Basement West PO Box 83720
Marcanet & I homas I hounton	Boise ID 83720-0080
418 60 str.	208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
	Secretary of State use only
D2 N 24 -0	IDAHO SECRETARY OF STATE 9/23/2005 05:00 CK: 3720109914 CT: 158010 BH: 91 1 0 25.00 = 25.00 ASSUM MANE
nature: Shan (signature required)	IDAHO SECRETARY OF STATE 9/23/2005 05:00 CK: 3720109914 CT: 158010 BH: 9: 1 0 25.00 = 25.00 ASSUM MANE

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