Signature:\_\_\_

Capacity:

Printed Name:

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504. Idaho Code, the undersigned

	gives notice of adoption of an Assumed Business Name.			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	EGAN'S ANTIQUES É	COLLE	CTIBLES	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Name		mplete Address	
	JAMES LONNIE EGAN	108 N 41 St		
	TERRI LYNN ECAN	COEUR D'ALENE, Th 83814		
3.	The general type of business transacted une (mark only those that apply)	der the assu	med business name is:	
	X       Retail Trade       ☐       Manufacturing         ☐       Wholesale Trade       ☐       Agriculture         ☐       Services       ☐       Construction	Fin	nsportation and Public Utilities ance, Insurance, and Real Estate sing	
4.	The name and address to which future correspondence should be addressed:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
	EGANS ANTIQUES + COLLECTIBLES		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):  WILSON'S VARILETY	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	401 & SHERMAN AVE		Secretary of State use only	
	COEUR D'ALENE IN 83814	88471 88471	TRAUN CEPCETABLY DE STATE	

05/05/1999 09:00 CK: 01 CT: 115065 DN: 213838

1 8 28.08 = 28.06 ASSUM NAME # 2