

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

<u>Please type or print legibly.</u> NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SEL CITAL CONTROL

178536

	SIMILLY IDANO
<ol> <li>The assumed business name which the undersig business is:</li> </ol>	ned use(s) in the transaction of
My BEST FRIEND'S	S CLOSET
<ol><li>The true name(s) and <u>business</u> address(es) of th business under the assumed business name:</li></ol>	e entity or individual(s) doing
<u>Name</u>	Complete Address
MARY DUNCAN CO	DEUR d'ALENE, FOAHO 83815
3. The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction	Public Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  MyBEST FRIEND'S CLOSET  6055 N. GOVT. WAY Stell  COGUR A' ALENE, TO. 83815	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):  208 - 762-2559
	Secretary of State use only
Signature: Lindak. Inven + Mary Dunca Barron	IDAHO SECRETARY OF STATE <b>07/26/2004 05:00</b> CK: 99 CT: 158010 BH: 757452 1