



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Secretary of State  
Business Entities  
[www.idsos.state.id.us/](http://www.idsos.state.id.us/)

**FILED EFFECTIVE**

2005 JAN 20 AM 9:00

STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Route 53 Diner

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Julie and Eric C. Simpson</u>	<u>1655 Diamond Bar Rd</u>
	<u>Rathdrum ID 83858</u>

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

Julie Simpson  
1655 Diamond Bar Rd  
Rathdrum ID 83858

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number (optional):

208 772-6143

Secretary of State use only

Signature: Julie Simpson  
(signature required)  
Printed Name: Julie Simpson  
Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\labn\_forms\labn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE  
01/20/2005 05:00  
CK: 4049 CT: 150010 BH: 700200  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D83596