Capacity/Title: Owner

(see instruction # 8 on back of form)



FILED EFFECTIVE **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

2006 NOV 24 AM 9: 06

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECHETARY OF STATE STATE OF IDAMO

Hayd	len Creek Coffee
2. The true name(s) and business address business under the assumed business Name Emanuel Inc.	s(es) of the entity or individual(s) doing name: Complete Address 8110 N. Government Way Suite B4 Hayden Idaho
And The general type of business transacted ☐ Retail Trade ☐ Transporta ☐ Wholesale Trade ☐ Constructi ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate. ☐ The name and address to which future correspondence should be addressed: 202 N. Adirondak Ct. CoeurdAlene, ID 83815	tion and Public Utilities on Submit Certificate of Assumed Business
 Name and address for this acknowledg copy is (if other than # 4 above). 	ment Phone number (optional): 208-661-3846
ature: Wade Febluar (signature required)	Secretary of State use only

1 8 25.00 = 25.00 ASSUM NAME # 2