



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.

FILED EFFECTIVE

2006 JUL 24 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

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

Eszenay Distributors

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

Name

Complete Address

STEVEN BRAILSford

2556 CARRIAGE WAY

AMY BRAILSford

TWIN FALLS, ID 83301

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

- ☒ Retail Trade
☐ Wholesale Trade
☐ Services
☐ Manufacturing
☐ Finance, Insurance, and Real Estate

- ☐ Transportation and Public Utilities
☐ Construction
☐ Agriculture
☐ Mining

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

2556 CARRIAGE WAY

TWIN FALLS, ID 83301

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):

208-733-6655

Secretary of State use only

Signature: A Brailsford

(signature required)

Printed Name: Amy Brailsford

Capacity/Title: Partner/owner

(see instruction # 8 on back of form)

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Revised 04-02-03

IDAHO SECRETARY OF STATE
07/24/2006 05:00
CX: 866205 CT: 172099 DH: 966368
1 @ 25.00 = 25.00 ASSUM NAME # 2

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