FULD EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME 121 19

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

Please type or print legibly.

[F: See instructions on reverse before filling.]

Silver Spoon Restaurant	
2. The true name(s) and business address(es business under the assumed business nam Name Farlee Enterprises, LLC	of the entity or individual(s) doing e: Complete Address 699 West Cameron Avenue, Kellogg, ID 83837
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Farlee Enterprises, LLC 699 West Cameron Avenue Kellogg, ID 83837-2004 5. Name and address for this acknowledgment copy is (if other than # 4 above):	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
nature: (algebrace required) nted Name: Elaine Edwards pacity/Title: Manager (see instruction # 8 on back of form)	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY

01/21/2005 05:00 CX: 464787 CT: 172899 BH: 788581 1 0 25.00 = 25.00 ASSUM MAME # 2

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