

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

JUL 16 AM 10:29

SECRETARY OF STATE
STATE OF IDAHO

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

CAFE BAR MUSIC HALL

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

Name

Complete Address

GORAN KEKEROVIC

1845 DORIAN DR, T-FALLS ID 83301

DIANA KEKEROVIC

1845 DORIAN DR, T-FALLS ID 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): _____

GORAN KEKEROVIC

1845 DORIAN DR.

TWIN FALLS ID 83301

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

SAME AS ABOVE

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

Secretary of State use only

Signature: _____

Goran KekeroVIC

Printed Name: _____

GORAN KEKEROVIC

Capacity: _____

OWNER

(see instruction # 3 on back of form)

Revision 2/27

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IDAHO SECRETARY OF STATE
07/17/2001 05:00
CK: 282 CT: 148886 BH: 486154
1 @ 20.00 = 20.00 ASSUM NAME # 2

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