

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

10 MAR 25 AM 8: 17

FILED EFFECTIVE

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

SECHETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Karaoke I	<b>Ser &amp; Grill</b>	
2. The true name(s) and business address(es) business under the assumed business name	E	
Name	Complete Add	<del>-</del>
Brenda Foster	117 Main štreet West, Twi	nfalls,idaho,83301
Leray toster		
3. The general type of business transacted unc	er the assumed busines	s name is:
	and Public Utilities	
Wholesale Trade Construction		
Services Agriculture	Submit Certifi	cate of
Manufacturing Mining	Assumed Bus	· ·
Finance, Insurance, and Real Estate	Name and \$2	5.00 fee to:
4. The name and address to which future	Idaho Secretary	
correspondence should be addressed:	450 N 4th Stree PO Box 83720	t I
AVE GAS <sup>+</sup> Brenda Foster 117 Main <b>Striken</b> t Twinfalls.ld%	Boise iD 83720	-0000
— Ave Eng	(208) 334-2301	
Leroy Foster 117 Main Office Twinfalls, Idaha	(200) 307 2001	
		<del> </del>
5. Name and address for this acknowledgmen	ıt	•
CODY IS (if other than #4 above):		
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	Secretary	of Shale use only
	,	:
	<b>8</b>	. ·
nature:	skabn formskabn.p65	
(berkiper endergie)	E 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	,
nted Name: Brenda Foster		IDAHO SECRETARY OF STAT

03/25/2010 05:00 CX: 1148 CT: 246387 BH: 1214723 1 8 25.88 = 25.89 ASSUM NAME # 2

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