FILED EFFECTIVE

CERTIFICATE O	~
ASSUMED BUSINES	S NAME the undersigned Business Name
Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed	the undersigned STATE OF IDA) Business Name.
Please type or print legibly.	
Instructions are included on back of ap	plication.
1. The assumed business name which the u	indersigned use(s) in the transaction of
business is:	
Mike & A	lexa Food Cart
2. The true name(s) and business address(e	
business under the assumed business na	
<u>Name</u> Michael Matier	<u>Complete Address</u> 1100 Kootenai Cutoff Rd Tr 39 Ponderay ld 83852
Alexa Matier	1100 Kootenai Cutoff Rd Tr 39 Ponderay ld 83852
 3. The general type of business transacted of Retail Trade Wholesale Trade Construction Services 	on and Public Utilities
	Submit Certificate of
Finance, Insurance, and Real Estat	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	
correspondence should be addressed:	Secretary of State 450 North 4th Street
Mike & Alexa Matier	PO Box 83720
1100 Kootenai Cutoff Rd Tr 39	Boise ID 83720-0080 208 334-2301
Ponderay, Id 83852	
 Name and address for this acknowledgme copy is (if other than #4 above): 	ent
<u> </u>	
,,,,,,	Secretary of State use only
Signature: Mikal La Mate	
Printed Name: Mike Matier	
Capacity/Title: Crinen	
Signature: Alexa Mater	· .
Printed Name: Alexa Matier	- IDAHO SECRETARY OF STATE 12/02/2011 05:00
Capacity/Title: Owner	CK: 845312 CT: 172899 BH: 13881 1 8 25.89 = 25.90 ASSUM NAME
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