



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

06 JUL 11 PM 2:45

SECRETARY OF STATE
STATE OF IDAHO

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

Flavors Catering

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

<u>Name</u>	<u>Complete Address</u>
<u>Ryan Lancaster</u>	<u>3192 S. Daybreak Ave. Meridian ID</u>
_____	<u>83642</u>
_____	_____

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

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

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

Ryan Lancaster
3192 S. Daybreak Ave.
Meridian ID 83642

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

Signature: _____

(signature required)

Printed Name: Ryan Lancaster

Capacity/Title: Owner

(see instruction # 8 on back of form)

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

Phone number (optional):

208-867-4780

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
 07/11/2006 05:00
 CK: CASH CT: 158818 BH: 964416
 1 * 25.00 = 25.00 ASSUM NAME # 2

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