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CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business M Please type or print legibly. NOTE: See instructions on reverse before filing.	Name. SECRETARY OF STATE
1. The assumed business name which the undersigned use(s) in the transaction of business is: Belle Cuisine	
2. The true name(s) and business address(es) of the business under the assumed business name: Name <u>Mynsey B. Reed</u> 24 <u>Torrin M. Reed</u>	entity or individual(s) doing Complete Address <u>Loz N. 3844 St, Boits ID</u> 83705
 3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 	
4. The name and address to which future correspondence should be addressed: <u>Lynsey B. Reed</u> <u>2662 N. 3BH St</u> <u>Boise ID 83703</u>	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
 Name and address for this acknowledgment COPY is (if other than #4 above): 	
······································	Secretary of State use only
Signature: Signature: Signature: (signature required) Printed Name: Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/08/2009 05:00 CK: 320291 CT: 172099 BH: 1190345 1 8 25.00 = 25.00 ASSUM NAME # 2