



# 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.

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

JRS Family Restaurant

01 SEP 19 10 07 AM  
SECRETARY OF STATE  
STATE OF IDAHO

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  
ROBERT HAWKINS

Complete Address

13703 N. STE. 100  
Idaho Falls, ID 83401

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): 523-6260

Rob Hawkins  
% JRS Family Restaurant  
850 Lindsay Blvd  
Idaho Falls, ID 83401

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

Printed Name: Rob Hawkins

Capacity: 100

(see instruction # 8 on back of form)

Revision 12/99  
g:\corp\form\stbn.p65

IDAHO SECRETARY OF STATE  
09/19/2001 05:00  
CK: 1017 CT: 151477 BH: 419935  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 48454