

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

03 NOV 10 PM 12: 53

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECKE LARY OF STATE

| | HOTE: OOU MORROWOOD ON TOVOICE MOTO.S | | STATE OF IDAHO |
|---|---|---|---|
| 1. | The assumed business name which the unde business is: | rsigne | d use(s) in the transaction of |
| | CHIENGMAI THAIL | RES | STAURANT |
| 2. | The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name | of the e | entity or individual(s) doing Complete Address |
| | DAVID SAENPHANSIRI - SAYSAMONE, BOUNYAVONG | 7222 . | MIANT TO V3642 |
| | SAYSAMONE, BOUNYAVONG | | 1000 |
| | 1883 N-GINKGO AVE MERIDIAN | ID | 83642 |
| 3. | The general type of business transacted under | er the a | assumed business name is: |
| | ☐ Retail Trade☐ Wholesale Trade☐ Construction | ind Pul | blic Utilities |
| | Services Agriculture | | Submit Certificate of |
| | ☐ Manufacturing ☐ Mining | | Assumed Business |
| | Finance, Insurance, and Real Estate | | Name and \$25.00 fee to: |
| 4. | The name and address to which future correspondence should be addressed: | | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5 | Name and address for this acknowledgment copy is (if other than # 4 above): | t | Phone number (optional): |
| | | | |
| | | | Secretary of State use only |
| | | g corp torms abn p65 Revised 04/2003 | |
| Frinted Name: DAVID SACHPHANSING 11/10/2003 05:00 | | | |
| Printed Name: DAVIS SAENPHANSIR | | | IDAHO SECRETARY OF STATE 11/10/2003 05:00 |
| Daniel of Title | | | CK: 953 CT: 158010 BH: 710956 1 0 25.00 = 25.00 ASSUM NAME # 2 |
| ∠apa | city/Title: | g co | |
| | (see instruction # 8 on back of form) | | D70481 |