



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

FEB 20 PM 3:04

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

MyDining.Com

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>Straight Shot Solutions, Inc</u>	<u>14101 W. Bunkerhill St. Boise ID</u>
<u>C144209</u>	<u>83713</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:

MyDining.com
14101 W. Bunkerhill St.
Boise ID 83713

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

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

Phone number (optional):

(208) 889-5316

Signature: _____

Brady Roberts
(signature required)

Printed Name: _____

Brady Roberts

Capacity/Title: _____

President

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn form\labn.p65
Revised 08/2002

IDAHO SECRETARY OF STATE
 02/20/2003 05:00
 CK: NO CK # CT: 150010 BH: 664113
 1 @ 20.00 = 20.00 ASSUM NAME # 2

D 62675