

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. Instructions are included on back of application.



EVERYBODY'S KITCHEN MA The true name(s) and bus business under the assume	iness address(es) of the	e entity or individual(s) doing
<u>Name</u>		Complete Address
RONALD HOFFFMAN	P.O. E	
SHARON HOFFMAN	CARE	YWOOD, IDAHO
	83809	· · · · · · · · · · · · · · · · · · ·
	Construction Agriculture Mining and Real Estate	Submit Certificate of Assumed Business
4. The name and address to correspondence should be P.O. BOX 1 CAREYWOOD, IDAHO	which future	Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
83809		208 334-2301
5. Name and address for this copy is (if other than # 4 above):	s acknowledgment	
		Secretary of State use only
ignature: Laton Wiff		
rinted Name: SHARON HOFFMAI	N	
apacity/Title: OWNER		
ignature: Konstel / Yoff	Man .	IDAHO SECRETARY OF STATE
rinted Name: RONALD HOFFMAN	٧	09/13/2012 05:00 CK: 623722 CT: 158810 BH: 1339617
apacity/Title: CO-OWNER		1 0 25.00 = 25.00 ASSUM MANE #

abn.pmd Rev. 07/2010 D158064