



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2017 NOV -1 AM 8:47

SECRETARY OF STATE

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

Lost River Bowl

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Carrie Goffard 2409 US Hwy 20, Arco, ID  
(Name) (Address)

Ann L. Karr 2393 N 2930 W Arco, ID  
(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Lost River Bowl  
(Name)  
PO Box 358  
(Address)  
Arco ID 83213  
(City) (State) (Zipcode)

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

Ann L Karr  
(Name)  
PO Box 1682  
(Address)  
Arco ID 83213  
(City) (State) (Zipcode)

Printed Name: Carrie Goffard

Signature: Carrie Goffard

Printed Name: Ann L. Karr

Signature: Ann L. Karr

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

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11/01/2017 05:00

CK:1920 CT:347834 BH:1610103  
10 25.00 = 25.00 ASSUM NAME #2

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