

227



# 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

2011 JUL 21 PM 3:07

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Orphan Espresso

2. The true name(s) and ~~business~~ address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Barbara Garrott

1541 Highway 99, Troy, ID 83871

Douglas Garrott

1541 Highway 99, Troy, ID 83871

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

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☒ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☒ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Orphan Espresso

1541 Highway 99

Troy, ID 83871

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

Signature: [Signature]

Printed Name: Barbara Garrott

Capacity/Title: Owner

Signature: [Signature]

Printed Name: Douglas Garrott

Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/21/2011 05:00  
CK: 737007 CT: 172099 BH: 1283484  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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