CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

Γο the SECRETARY	OF STATE,	STATE OF IDAHO
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FILED EFFECTIV

Pursuant to Section 53-504, Idaho Code, the undersigned

	gives notice of adoption of an As	sumed Busir	ness Nam⁄e∰ Mav o .		
1.	The assumed business name which the und business is:	dersigned us	e(s) in the transaction of 1: 13 SECRETARY OF STATE STATE OF IDENTITY		
	SKYLINE BAR		STATE OF IDAFIO		
2.	The true name(s) and business address(es) of the entity	v or individual(s) doing		
	business under the assumed business name is/are:				
	Name		mplete Address		
	LEE BUTTERFIELD	P.O. BOX	576 RUPERT, IDAHO 83350		
		 			
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)				
	☐ Wholesale Trade ☐ Agriculture		Insportation and Public Utilities		
	Services Construction		ance, Insurance, and Real Estat ning		
4	The name and address to which future Pl	hone numbo	r (antiqual): 208-431-0108		
••	The name and address to which future Phone number (optional): 208-431-0108 correspondence should be addressed:				
	LEE BUTTERFIELD		Submit Certificate of		
	P.O. BOX 576		Assumed Business		
	RUPERT, IDAHO 83350		Name and \$25.00 fee to:		
•			Secretary of State 700 West Jefferson		
5.	Name and address for this acknowledgmen	t	Basement West		
	COPY IS (if other than # 4 above):		PO Box 83720 Boise ID 83720-0080		
	TOM DAILEY ACCOUNTING		208 334-2301		
	620 5TH STREET		Secretary of State use only		
	RUPERT, IDAHO 83350	1/38	;		
natu	ire. Lee R. Bellefee C	Revision 1/98	D100144		
nted	Name: LEE BUTTERFIEL®	98	TRAUM PERPETADY OF STATE		

IDAHO SECRETARY OF STATE

95/23/2006 95:00

CK: 4279 CT: 158010 RH: 956129

1 8 25.00 = 25.00 ASSUM NAME # 2

Capacity:

OWNER

(see instruction # 8 on back of form)