



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.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2005 MAR 28 AM 10:17

STATE OF IDAHO

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

CHIZ'S COUGAR CAVE

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

Name

L SCOTT KAMACHI

Complete Address

515 W 5TH N, ST ANTHONY, ID 83445

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:

L SCOTT KAMACHI

246 NORTH 2ND WEST

ST. ANTHONY, ID 83445

Submit Certificate of
Assumed Business
Name and **\$25.00** 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):

BANK OF IDAHO

PO BOX 126

ST ANTHONY, ID 83445

Phone number (optional):

208-624-4900

Signature: [Signature]

(signature required)

Printed Name: L SCOTT KAMACHI

Capacity/Title: PROPRIETOR

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
03/28/2005 05:00
CK: 15513 CT: 158010 BM: 881147
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 86076