



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2007 AUG -2 AM 9:24

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

SAGE BRUSH CHEFS

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

LUCINDA LEWIS

177 W. 225 N. BLACKFOOT, IDAHO

TIFFANY BARTAUSKY

1298 W. 1600 N. Cedar hollow Rd, BLACKFOOT, ID

NORINE BARTAUSKY

749 S. 1600 W. PINGREE, IDAHO

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input 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:

LUCINDA LEWIS / Sage Brush Chefs  
103 S. 900 W.  
BLACKFOOT, Idaho 83221

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):

Phone number (optional):

Signature:

Lucinda Lewis  
(signature required)

Printed Name:

Lucinda Lewis

Capacity/Title:

MANAGER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\format\idm format\idm.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
08/02/2007 05:00  
CK: 15891 CT: 216039 BH: 1068663  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 113860