

## **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.

Please type or print legibly. Instructions are included on back of application. SECRETATION STATE

Mi Amor Catering  2. The true name(s) and business:	address(es) of the entity or individual(s) doing
business under the assumed bu Name	siness name: <u>Complete Address</u>
Denise Wahlquist	2205 N 3000 W Rexburg ID 83440
Lee Wahlquist	2205 N 3000 W Rexburg ID 83440
Retail Trade Trade Co	nsacted under the assumed business name is: nsportation and Public Utilities nstruction riculture
	ning Submit Certificate of Assumed Rusiness
<ol> <li>The name and address to which correspondence should be address.</li> <li>Mi Amor Catering</li> </ol>	essed: 450 North 4th Street PO Box 83720
2205 N 3000 W	Boise ID 83720-0080 208 334-2301
Rexburg ID 83440	200 30 7 230 1
5. Name and address for this acknown copy is (if other than # 4 above).	Secretary of State use only
Signature: WMALL MAGALE	ist
Printed Name: Denise Wahlquist	
Capacity/Title: Head Chef	
Signature:	IDAHO SECRETARY OF STATE  98/13/2013 95:00
Printed Name: Lee Wahlquist	CX: 397044 CT: 286310 BH: 1385801 1 0 25.80 = 25.80 ASSUM NAME # 2
Capacity/Title: CFO	

abn.pmd Rev. 07/2010

D165085