

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 OCT 30 AM 9: 42

1.	SECRETARY OF STATE The assumed business name which the undersigned use(s) in the transaction of boards is:						
	CCC Cajun Cuisine						
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2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):						
	Caleb Caple		630 Tendoy Dr. Idaho Falls, Idaho 83401				
	(Name)	(Addres	(Address)				
	Lena Caple	630	630 Tendoy Dr. Idaho Falls, Idaho 83401				
	(Name)	(Addres	(Address)				
	(Name)	(Addres	ss)				
	(Name)	(Addres	(Address)				
3.	The general type of b Retail Trade Wholesale Trade Services		acted under the Construction Agriculture Manufacturing	☐ Transpo	ortation and Public U		
4.	Ü	iture correspo	endence:	5. Name and add copy is (if other the	dress for this acknown an #4):	vledgment	
	Caleb Caple			761			
	(Name) 630 Tendoy Dr.			(Name)			
	(Address)			(Address)			
	Idaho Falls	ID	83401				
	(City)	(State)	(Zipcode)	(City)	(State)	(Zipcode)	
Pr	inted Name: Caleb Ca	ple		Se	cretary of State use only	aggenterent and a	
Signature:				I,	DAMO SECRETARY OF ST	ГАТЕ	
Printed Name: Lena Caple				10/31/2017 05:00 CK:100 CT:158010 BH:1609839			
Signature: Ma Calla				I	00 = 25.00 ASSUM		
	4	The state of the s	······································		98036		
۲r	inted Name:		<u></u>		10000		

Rev. 08/2015