



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.

2003 AUG 20 PH 4:53

IDAHO SECRETARY OF STATE
STATE OF IDAHO

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

The Roast Post

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

<u>Name</u>	<u>Complete Address</u>
Steven Condon	3239 E 3225 N
Laurel Condon	Twin Falls, ID 83301

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:

Steve and Laurel Condon
3239 E 3225 N
Twin Falls, ID 83301

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):

208-280-7441

Signature:

Laurel Condon

(Signature required)

Printed Name:

Laurel Condon

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Printed 8/21/2003

PL 8209

IDaho SECRETARY OF STATE
08/21/2003 05:00
CK: 82193923889MJO CT: 172899 BH: 697678
1 @ 25.00 = 25.00 ASSUM NAME # 2