



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

05 MAY 25 AM 11:59

SECRETARY OF STATE
STATE OF IDAHO

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

Capitol City Coffee & Catering

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>
<u>Angeline Bril Bonds, Inc</u>	<u>500 RIVERVIEW DRIVE</u>
<u>C148001</u>	<u>BOISE, IDAHO</u>
	<u>83712</u>

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:

DAVE ARMSTRONG
500 RIVERVIEW DRIVE
BOISE, ID. 83712

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Phone number (optional):

(208) 941-8093

Signature: _____

(signature required)

Printed Name: DAVE ARMSTRONG

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
05/25/2005 05:00
CK: 6267 CT: 148465 BH: 812523
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 88177