



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.

10 DEC 26 PM 4:26

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

TOM SWEENEY'S DUTCH OVEN CAFE

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>THOMAS SWEENEY</u>	<u>589 No. ORCHARD ST</u>
	<u>BOISE, ID. 83706</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:

THOMAS SWEENEY
5530 LYNWOOD PL.
BOISE, ID. 83706-1034

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

SAME

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: [Signature]

Printed Name: THOMAS SWEENEY

Capacity/Title: OWNER-

Signature: [Signature]

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/28/2010 05:00
CK: 2051 CT: 253458 BH: 1252783
1 @ 25.00 = 25.00 ASSUM NAME # 2

D144212