



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

07 OCT -9 AM 9:09

**SECRETARY OF STATE
STATE OF IDAHO**

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

R:R Bar

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

Name

Kent Steed

Complete Address

195 SOUTH EASTERN AVE.
IDAHO FALLS, ID 83402

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| ☒ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☐ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

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

4. The name and address to which future correspondence should be addressed:

GORDON JENKINS
195 SOUTH EASTERN AVE.
IDAHO FALLS, ID 83402

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

BANK OF IDAHO
399 N. Capital Ave
Idaho Falls ID 83402

Signature: _____

(signature required)

Printed Name: _____

KENT STEED

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

Phone number (optional): _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/09/2007 05:00
CK: 5206 CT: 218339 BH: 1079358
1 @ 25.00 = 25.00 ASSUM NAME # 2

D115697