



# 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.**

07 OCT -2 AM 8:17

SECRETARY OF STATE  
STATE OF IDAHO

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

Kloy's Pizza and More

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

Name

Complete Address

Kloy Debban

120 N. Main Street, Payette, Idaho 83661

Jeff Debban

120 N. Main Street, Payette, Idaho 83661

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:

Kloy Debban

120 N. Main Street

Payette, ID 83661

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Signature

*Kloy K Debban*

(signature required)

Printed Name:

Kloy K Debban

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporate\main form\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
10/02/2007 05:00  
CK: 4098 CT: 218152 BH: 1078414  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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