

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE**

2013 JUL 10 AM 8:51

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:

Bucky's Cafe & Motel

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>Bonnie Rothman</u>	<u>P.O. Box 333</u>
	<u>Cambridge, ID 83610</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 |  |

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

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

P.O. Box 333  
Cambridge, ID 83610

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

P.O. Box 333  
Cambridge, ID 83610

Signature: Bonnie Rothman  
 Printed Name: Bonnie Rothman  
 Capacity/Title: Owner  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Capacity/Title: \_\_\_\_\_

Secretary of State use only

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