FILED EFFECTIVE

227	
CERTIFICATE OF	2011 SEP 30 PM 4:
ASSUMED BUSINESS NAM	IE SEPPERADE A
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business N	
Please type or print legibly. Instructions are included on back of application.	
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
Cafe Montage	
 The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: 	
Name	Complete Address
Teresa Walker 1480	hincoln Suite A
Idc	10 Falls, Id. 83401
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Pu Wholesale Trade Construction	blic Utilities
Services Agriculture	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street PO Box 83720
4595 Indian Spring Circle	Boise 1D 83720-0080 208 334-2301
Ammon Id, 83406	200 00-2001
 Name and address for this acknowledgment COPY is (if other than #4 above). 	
TEresa Walker	
1480 Lincoln Suite A	
Idaho Falls Id. 83401	Secretary of State use only
Signature: <u>MMAA WAMA</u>	
Printed Name: Teresa Walker	
Capacity/Title: <u>OWNEF</u>	
Signature:	IDAHO SECRETARY OF STATE 09/30/2011 05:00
Printed Name: Capacity/Title:	CK: 798270 CT: 172099 BH: 1292624 1 0 25.00 = 25.00 ASSUN NAME # 2
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