

CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 MAY -6 AM 8: 11

Please type or print legibly. NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersigned business is: PAIISAGES BAR & Grill	use(s) in the transaction of
2. The true name(s) and business address(es) of the erbusiness under the assumed business name: Name PAUELA J. Ellus Vicky L. Henke 3. The general type of business transacted under the assumed business address(es) of the erbusiness name: Name Laso And Dusiness address(es) of the erbusiness name:	Complete Address, fland 83619 Wwy 95 Fruitland ID 83619
Retail Trade Transportation and Pub	•
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	idaho Secretary of State 450 N 4th Street PO Box 83720 Bolse ID 83720-0080
6250 HWY 95 Fruitland ID 83661	(208) 334-2301
5. Name and address for this acknowledgment copy is (ff other than # 4 above).	
	Secretary of State use only
Signature: State State (See Instruction # 8 on back of form)	INNHO SECRETARY OF STATE @5/06/2009 @5:00 CK: 7951 CT: 236825 BH: 1169172 1 8 25.60 = 25.88 ASSUN NAME # 1

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