D157103



Capacity/Title: Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly.

	CERTIFICATE OF ASSUMED BUSINESS N	IAME	Click here to clear form.
	Pursuant to Section 53-504, Idaho Code, the ur submits for filing a certificate of Assumed Busin	ndersigned ness Name	STATAO PM
Please type or print legibly. Instructions are included on back of applic		ation.	Click here/to clear form.
1.	The assumed business name which the undersigned use(s) in the transaction of business is: Quick Slice		
	Quor		
2.	The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Quick Slice Pizza LLC (W115665)	Complete	
3.	The general type of business transacted under the assumed business name is: Retail Trade		
4.	Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Quick Slice Pizza-Dustin Peterson 6523 Southdale Ave. Boise, ID 83709	Secretary 450 North PO Box 8	83720-0080
5. Name and address for this acknowledgment copy is (if other than #4 above):			······································
		Sec	retary of State use only
Signa			
	ed Name: Dustin Peterson		Thatia Africana
Capacity/Title: Owner		197 CK: 1	IDAHO SECRETARY OF STATE 1/26/2012 05:00 ASH CT: 15A010 RM: 1333613
Printed Name: Megan Peterson		1 0 8	5.00 = 25.00 ASSUM NAME # 2