



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.

FILED EFFECTIVE

09 OCT 30 AM 8:57

SECRETARY OF STATE
STATE OF IDAHO

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

THE SILVERHORSESHOE

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

KENNETH DAVIS

572 FT. HALL AVE. AM.FALLS ID.83211

ANGELA DAVIS

572 FT. HALL AVE. AM. FALLS ID.83211

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:

THE SILVERHORSESHOE

572 FT. HALL AVE. AM. FALLS ID. 83211

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: Chris Hess

(signature required)

Printed Name: Chris Hess

Capacity/Title: Manager

(see instruction # 8 on back of form)

Secretary of State use only

g:\cop\form\labn form\labn.pdf Revised 04/2003

IDAHO SECRETARY OF STATE
10/30/2009 05:00
CK: 1830 CT: 150010 BH: 1193368
1 @ 25.00 = 25.00 ASSUM NAME # 2

D134594