

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**  
2015 MAR 25 AM 9: 02

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:

A.K. 3 COFFEE HOUSE + BISTRO

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>AMBER CLARK-LOCKHART</u>	<u>35933 Hwy 200</u>
	<u>SANDPOINT, ID. 83864</u>

3. The general type of business transacted under the assumed business name is:

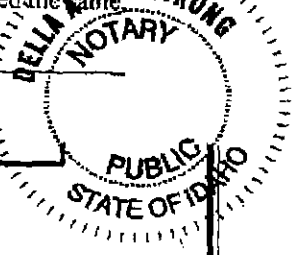
- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

State of Idaho )  
County of Boundary ) ss  
On this 24 day of March, in the year 2015, before me,  
Della A. Armstrong, a notary public, personally appeared  
Amber Clark

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

AMBER CLARK  
26 JENKINS RD  
SANDPOINT, ID. 83864

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged he/she/they executed the same.  
Della A. Armstrong  
Notary Public  
My commission expires: 1/09/2021



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

\_\_\_\_\_  
\_\_\_\_\_

Signature: Amber Clark  
 Printed Name: Amber Clark  
 Capacity/Title: owner/operator  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/25/2015 05:00  
CK:2691778 CT:172099 BH:1467791  
10 25.00 = 25.00 ASSUM NAME #2

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