CERTIFICATE OF ASSUMED (Please type or print le	BUSINESS NAME
To the SECRETARY OF STATE, STATE Of Pursuant to Section 53-504, Idaho C gives notice of adoption of an Assum	ode, the undersigned
 The assumed business name which the business is: 	undersigned use(s) ក្រា tine triansaction 201
SageBerry House Rest	-aurant STATE OF IDAHO
The true name(s) and business address business under the assumed business n	(es) of the entity or individual(s) doing
Name	Complete Address
Lois Chapman	103 East B, Shoshone, ID 8335.
Brenda Ford	103 East B, Shoshone, ID 83352
	P.D. Box 829
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estat
4. The name and address to which future	
correspondence should be addressed:	Submit Certificate of
Lois Chapman	Assumed Business Name and \$20.00 fee to:
P.O. Box 829	
Stoshone, ID 83352	Secretary of State 700 West Jefferson
5. Name and address for this acknowledgm	Basement West
COPY iS (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080
Same as #4	208 334-2301
	Secretary of State use only
	Renteon 2/8)
Signature: You's Chapman	.
Printed Name: Lois Chapman	9
Capacity: Partner	IDAHO SECRETARY OF STATE 96/13/2000 09:00
Brenda + Lois are Partners	CK: 1949 CT: 132333 BH: 325891
•	1 @ 20.00 = 20.06 ASSUN NAME # 2
	D 36587