

FILED EFFECTIVE

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 09 JUN 18 PM 4:51  
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See Instructions on reverse before filling.

SECRETARY OF STATE  
STATE OF IDAHO

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

The Eagle's Nest

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name  
Eddie Edwards  
\_\_\_\_\_  
\_\_\_\_\_

Complete Address  
455 O'Conor Rd  
Lewiston Id  
83501

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	

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

The Eagle's Nest  
c/o EDDIE EDWARDS  
455 O'Conor Rd  
Lewiston Id  
83501

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

Eddie Edwards  
1732 A brelle Ave  
Lewiston Idaho 83501

Signature: Eddie Edwards  
(Signature required)

Printed Name: Eddie Edwards

Capacity/Title: Owner

(See Instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/19/2009 05:00  
CK: 265569 CT: 172099 BH: 1175446  
1 e 25.00 = 25.00 ASSUM NAME # 2

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