

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2014 APR 24 AM 9: 21

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

Tech Cafe			
2. The true name(s) and <u>business</u> addre business under the assumed business	• •	tity or individual(s) doing	
<u>Name</u>		Complete Address 1550 S. Cloverdale Road	
Phil Sigler	1550 S. Clo		
	Boise Vi	d_ 23709	
3. The general type of business transact	ed under the as	elimed hiicinese name ic.	
	tation and Publi		
Retail Trade I Iranspor			
Services Agricult			
☐ Manufacturing ☐ Mining		Submit Certificate of	
	etata	Assumed Business	
Finance, Insurance, and Real E	SIGIE	Name and \$25.00 fee to:	
4. The name and address to which futur	_	Secretary of State	
correspondence should be addressed	l:	450 North 4th Street	
1550 S. Cloverdale Road]	PO Box 83720 Boise ID 83720-0080	
Boise, ID 83709		208 334-2301	
	L		
5. Name and address for this acknowled	igment		
CODY IS (if other than #4 above):			
Dicke		Secretary of State use only	
gnature: Hand		IDAHO SECRETARY OF STA	
nted Name: Phil Sigler		04/24/2014 05:0 CK:572 CT:89596 BH:14:	
pacity/Title: Owner		$16\ 25.00 = 25.00\ \text{ASSUM}$	
nature:			
		Dinniad	
nted Name:		1)170698	