



# 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**

2002 FEB 25 PM 12:20

SECRETARY OF STATE  
STATE OF IDAHO

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

Double Diamond Steakhouse

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>Brent J Edwards</u>	<u>109 W. Maple</u>
<u>JoAnn Edwards</u>	<u>P.O. Box 298</u>
	<u>New Plymouth ID 83655</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 |                                                              |

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

2148 NE 10th Ave  
Plymouth Id 83661

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

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

Phone number (optional):  
208 218 9282 Work.  
208 642 5035 H.

Secretary of State use only

Signature: JoAnn Edwards

Printed Name: JoAnn Edwards

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 12/2001

IDAHO SECRETARY OF STATE  
02/25/2002 05:00  
CK: CASH CT: 157844 BH: 448413  
1 @ 20.00 = 20.00 ASSUM NAME # 2  
D52339