



CERTIFICATE OF ASSUMED BUSINESS NAME FILED

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

JUN 9 1 20 PM '98

SECRETARY OF STATE
STATE OF IDAHO

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

Bite House Deli

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

W4468

Name	Complete Address
<u>SUN APPETIT, L.L.C</u>	<u>7557 FLORENCE # 204</u>
	<u>Boise, Idaho 83704</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Bite House Deli
7557 FLORENCE #204
Boise, IDAHO 83704

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):

Sarah L. Martin
7557 Florence #204
Boise, Idaho 83704

Signature: Sarah Martin

Printed Name: SARAH L. MARTIN

Capacity: Owner

(see instruction # 8 on back of form)

Revision 1/98
g:\compform\idaho.p65

Secretary of State use only
 IDAHO SECRETARY OF STATE
 06/09/1998 09:00
 CR: 2418 CT: 85412 NH: 118146
 1 @ 20.00 = 20.00 ASSUM NAME

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