

## CERTIFICATE OF FIL ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2009 JAN -6 AM 11: 36

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| WilliB's Sandwich Saloon  2. The true name(s) and business address | ss(es) of the entity or individual(s) doing |
|--|---|
| business under the assumed business                                |   |
| Name   | Complete Address                            |
| Tim Wilson   | 120 W. Oakhampton Dr.                       |
|  | Eagle, ID 83616                             |
|  |   |
|  |   |
| <ol><li>The general type of business transacte</li></ol>           | ed under the assumed business name is:      |
| X Retail Trade Transport   | tation and Public Utilities                 |
|  |   |
| ☐ Wholesale Trade ☐ Construct ☐ Services ☐ Agricultu               |   |
|  | Submit Certificate of                       |
| ☐ Manufacturing ☐ Mining   | Assumed Business Name and \$25.00 fee to:   |
| Finance, Insurance, and Real Es                                    | state                                       |
| 4. The name and address to which future                            | ldaho Secretary of State                    |
| correspondence should be addressed:                                | 450 N 4th Street<br>PO Box 83720            |
| ·  | Boise ID 83720-0080                         |
| Tim Wilson   |   |
| 120 W. Oakhampton Dr.  | (208) 334-2301                              |
| Eagle, ID 83616  |   |
|  |   |
| 5. Name and address for this acknowled                             | agment                                      |
| CODY IS (if other than # 4 above).                                 |   |
|  |   |
|  | Secretary of State use only                 |
|  |   |
| 1:111  |   |
| gnature: Im allon  | _ 12ld7241                                  |
| nted Name Tim Wilson   | IDANO SECRETARY OF STATE                    |
| nted Name:'llm wilson  | IDANO SECRETARY OF STATE                    |
| pacity/Title:Owner   |   |
| (see instruction # 8 on back of form)                              | 5 1 9 25.90 = 25.00 ASSUM WAN               |