



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.

Please type or print legibly.

Instructions are included on back of application.

2013 APR -8 AM 9:24

SECRETARY OF STATE
STATE OF IDAHO

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

Little Corner Grill

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

Name

Complete Address

Arlen B. Posey

206 Boyd St. W.; Murtaugh, ID 83344

Linda M. Malone

4557 E 3375 N Murtaugh ID 83344

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Arlen B. Posey

4557 E. 3375 N.

Murtaugh, ID 83344

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

Arlen B. Posey

4557 E. 3375 N.

Murtaugh, ID 83344

Signature: Arlen B. Posey

Printed Name: Arlen B. Posey

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/09/2013 05:00
CK: 1262 CT: 281649 BH: 1368492
1 @ 25.00 = 25.00 ASSUM NAME # 2

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