

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 APR -5 AM 11:16

SECRETARY OF STATE
STATE OF IDAHO

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

MEXICALI'S RESTAURANT

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

CALI'S RESTAURANT INC. 249 Yellowstone Ave. Pocatello. ID 83201(Name) C209039 (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

Cali's Restaurant Inc.

(Name)

4910 Trent St.

(Address)

Chubbuck, ID 83202-2954

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/05/2016 05:00

CK:3750634 CT:172099 BH:1522192

1@ 25.00 = 25.00 ASSUM NAME #3

D185720

Printed Name: Lamar ArmstrongSignature: *Lamar Armstrong*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____