

227



CERTIFICATE OF ASSUMED BUSINESS NAME

(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.

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

S & R Concessions

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

Name	Complete Address
<u>Rudy DeLeon, Sr.</u>	<u>2583 E. 3700 N.</u>
<u>Sonia DeLeon</u>	<u>2583 E. 3700 N.</u>

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

<input 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 checked="" 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): 208 733 2785

S & R Concessions
Rudy/Sonia DeLeon
2583 E 3700 N Twin Falls, ID
83301

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

Signature: Sonia DeLeon

Printed Name: Sonia DeLeon

Capacity: _____

(see instruction # 8 on back of form)

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

Secretary of State use only

LEAD SECRETARY OF STATE

10/20/1999 09:00
 CL: 170 CT: 12193 IN: 25973

10 20.00 = 20.00 ADDIN NONE 12

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