



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2015 SEP -4 AM 9:38

SECRETARY OF STATE  
STATE OF IDAHO

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

Silver Corner Bar and Grill

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):

Tim A Johnson P.O.B. 948 Wallace ID 83873  
(Name) (Address) (City) (State) (Zipcode)

Donna Westmoreland same  
(Name) (Address) (City) (State) (Zipcode)

Daniel W Clark same  
(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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

- |  |  |  |
|--|--|--|
| <input checked="" 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:

Silver Corner  
(Name)  
P.O. Box 948  
(Address)  
Wallace ID 83814  
(City) (State) (Zipcode)

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

(Name)  
(Address)  
(City) (State) (Zipcode)

Printed Name: Tim A. Johnson

Signature: Tim A. Johnson

Printed Name: DONNA WESTMORELAND

Signature: Donna West

Printed Name: Daniel W. Clark

Signature: Daniel W. Clark

Rev. 06/2015

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/04/2015 05:00CK:3711004504 CT:314136 BH:1490930  
1@ 25.00 = 25.00 ASSUM NAME #2

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