



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

APR 28 PM 2:16

STATE OF IDAHO

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

Bon Appétit Catering

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

KARLA K. EDWARDS

84 LETA LANE, INKOM, ID 83245

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 |  |

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

Bon Appétit Catering  
KARLA K. EDWARDS  
84 LETA LANE  
INKOM, ID 83245

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

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

Secretary of State  
 700 West Jefferson  
 Basement West  
 PO Box 83720  
 Boise ID 83720-0080  
 208 334-2301

Phone number (optional):

(208) 725-3467 4569

Secretary of State use only

Signature: Karla K. Edwards

(signature required)

Printed Name: KARLA K. EDWARDS

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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 Revised 04/2003

IDAHO SECRETARY OF STATE  
 07/28/2003 05:00  
 CK: 532388 CT: 68791 BH: 693383  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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