

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 JUL 28 AM 11:06

SECRETARY OF STATE  
STATE OF IDAHO

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

Toll Station Pizza & Pasta

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):

|                                |                                  |                         |                      |                           |
|--------------------------------|----------------------------------|-------------------------|----------------------|---------------------------|
| <u>Jeff Goodman</u><br>(Name)  | <u>311 Burns Rd</u><br>(Address) | <u>McCall</u><br>(City) | <u>ID</u><br>(State) | <u>83638</u><br>(Zipcode) |
| <u>Marty Goodman</u><br>(Name) | <u>311 Burns Rd</u><br>(Address) | <u>McCall</u><br>(City) | <u>ID</u><br>(State) | <u>83638</u><br>(Zipcode) |
| _____<br>(Name)                | _____<br>(Address)               | _____<br>(City)         | _____<br>(State)     | _____<br>(Zipcode)        |
| _____<br>(Name)                | _____<br>(Address)               | _____<br>(City)         | _____<br>(State)     | _____<br>(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 type="checkbox"/> Services                | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Toll Station Pizza & Pasta  
(Name)  
410 Railroad Ave  
(Address)  
McCall ID 83638  
(City) (State) (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: Jeff Goodman

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

07/28/2015 05:00

CK:3065224 CT:172099 BH:1485692

1@ 25.00 = 25.00 ASSUM NAME #2

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