



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
2004 APR - 2

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

~~Kuna~~ Kavemen Deli

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
<u>James Mahan</u>	<u>642 N Quartermoon Ave Kuna Id 83634</u>
<u>Betty Mahan</u>	<u>642 N Quartermoon Ave Kuna Id 83634</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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: after 5/15/04

Kavemen Deli - James Mahan
225 Kay Ave
Kuna Id 83634

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:
check # 2737
Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

James Mahan
642 N Quartermoon Ave
Kuna Id 83634

Phone number (optional):

(208) 922-1899

Signature: Betty Mahan
(signature required)

Printed Name: Betty Mahan

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
04/02/2004 05:00
CK: 2437 CT: 150010 BH: 737099
1 @ 25.00 = 25.00 ASSUM NAME # 2

D74894