

Capacity/Title: OW/

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2005 FEB -2 AM 9: 13

Please type or print legibly. NOTE: See instructions on reverse before filing.

-1 STARY STATE OF IDAHO

The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name	Complete Address x 4885 , Hailey TD 833
The general type of business transacted under to Retail Trade Transportation and	
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Tinger's Espresso Bar PO Box 4885 Hailey. ID 83333	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above);	Phone number (optional): 208.788.4042
	Secretary of State use only

IDAHO SECRETARY OF STATE

92/92/2005 05:00

CK: 1853 CT: 158810 BH: 798661

1 8 25.00 = 25.00 ASSUM NAME # 2