

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

11 OCT 12 PM 12: 49

STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

 The assumed business name which the undersigned use(s) in the transaction of business is: 		
	Lisa Peters	son Catering
þí	he true name(s) and <u>business</u> address(es) usiness under the assumed business nam <u>Name</u> A'Tavola, Inc. <u>C 52319</u>	
_	he general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
A' 69	he name and address to which future orrespondence should be addressed: 'Tavola, Inc. 935 Westfield Place toise, ID 83704	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	ame and address for this acknowledgmen opy is (if other than # 4 above):	nt
Signature: Secretary of State use only Printed Name: Lisa M. Peterson Socretary of State use only		
Capacity/Title: Secretary Signature: Lorin E. Peterson, Jr.		IDAHO SECRETARY OF STATE 10/12/2011 05:00 CK: 7626 CT: 223358 BH: 1293939 1 0 25.00 = 25.00 ASSUM NAME N 2
Capacity	y/Title: President	D150676

abn.pmd Rev. 07/2010