



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
2008 NOV -1 AM 9:20
STATE OF IDAHO

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

BLUE FLY CAFE

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

MICHAEL L. MOSELEY 2517 E. BRIERFIELD DR. EAGLE ID 83616
DENISE R. MOSELEY 2517 E. BRIERFIELD DR. EAGLE, ID 83616

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 | |

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

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

BLUE FLY CAFE
228 E. PLAZA ST. #B-203
EAGLE, ID 83616

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

MICHAEL MOSELEY
2517 E. BRIERFIELD DR.
EAGLE, ID 83616

Phone number (optional):

208-939-4451

Signature: [Signature]

(signature required)

Printed Name: MICHAEL MOSELEY

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
11/01/2004 05:00
CK: 4061 CT: 150010 BH: 774106
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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