

227



# 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**

01 MAR 23 AM 10:17

STATE OF IDAHO

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

The Cat's Meow

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>Bonnie Hayes</u>	<u>304.4th St Clark Fork Id 83811</u>
<u>James P Layman</u>	<u>304.4th St Clark Fork Id 83811</u>

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" 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 \$20.00 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:

Bonnie L Hayes PO Box 556 Clark Fork Id 83811  
after may 1, 2001 ~~after~~ Before From now  
until may 1, 2001 please send to

64 Pickering Ln, Lopez, Island wa. 98261

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

Bonnie Hayes  
64 Pickering Ln  
LOPEZ, Island, wa. 98261  
Before may 1, 2001

Phone number (optional):  
until may 1 360-468-4380  
after 1.208-266-1847

Signature: Bonnie L Hayes  
Printed Name: Bonnie L Hayes  
Capacity: Partner

(see instruction #8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

03/23/2001 09:00  
CK: 353 CT: 144000 BH: 386770

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revised 01/2001

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