Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	See instructions on reverse.)
To the SECRETARY OF STATE, ST Pursuant to Section 53-504, to gives notice of adoption of an	daho Code, the undersigned Assumed Business Name
The assumed business name which the business is:	undersigned use(s) in the transaction of
- pacific MONGOLIAN	Cestaurant
The true name(s) and business address(state business under the assumed business name).	es) of the entity or individual(s) doing
Name — TY NGO	Complete Address 4898 Emesold St Brise ID 83706.
3. The general type of business transacted L	under the assumed business name is:
Retail Trade Manufacturir Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
 The name and address to which future for correspondence should be addressed: 	Phone number (optional):
1043 NEIKLD BOSE TA 83704.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature:	IDAHO SECRETARY OF STATE 11/21/2000 09:00 CK: CASH CT: 138789 BH: 362279
Printed Name:	1 8 20.00 = 20.00 ASSUM HAME # 2

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