



CERTIFICATE OF FILED/EFFECTIVE ASSUMED BUSINESS NAME

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

2002 JUN 11 PM 2:02

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

PHILIPPINE CUISINE CATERING

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

KURT L MURRAY

3640 CHINDEN BLVD, GARDEN CITY ID 83714

ARNEL BERMUDO

5718 N MILLOAM RD, GARDEN CITY ID 83714

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 | |

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

KURT L MURRAY

3640 CHINDEN BLVD

GARDEN CITY ID 83714

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

SAME AS ABOVE

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

Phone number (optional):

(208) 342-5811

Secretary of State use only

055731

IDAHO SECRETARY OF STATE
06/11/2002 05:00
CK: 4156 CT: 150010 BH: 471037
1 @ 20.00 = 20.00 ASSUM NAME # 2

g:\corp\forms\labn forms\labn.p65 Revised 12/2001

Signature: [Signature]

Printed Name: ARNEL BERMUDO / KURT L MURRAY

Capacity/Title: OWNER / OWNER

(see instruction # 8 on back of form)