CERTIFICATE OF FILED EFFECTIVE

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned SEP 19 AMII: 10 submits for filing a certificate of Assumed Business Name

STATE OF HEAHO

Please type or print legibly.

The assumed business name which the undersigned use(s) in the transaction of business is: Drifters Western Bar and Grill		
The true name(s) and business address(es) of the business under the assumed business name: Name Nancy L Deusenbery	e en	tity or individual(s) doing Complete Address 28554 Hwy 6 St Maries, ID 83861
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Nancy L Deusenbery 28554 Hwy 6 St Maries, ID 83861 5. Name and address for this acknowledgment copy is (if other than #4 above):		
Signature: Day Duschery (signeture required) Printed Name: Nancy L Deusenbery Capacity/Title: Owner (see instruction # 6 on back of form)	Pervised 042903	IDAHO SECRETARY OF STATE 9/28/2005 05:00 CK: 621556 CT: 172099 BH: 913M 1 0 25.00 = 25.00 ASSUM HAME (

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