

Printed Name: BONNIE

Capacity/Title: OW N € T

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. (13 MAY 19 AM II: 38

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

| The Hilltop  | CAFE   |
|--|--|
| The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Bonne Boyd  Greg Boyd | entity or individual(s) doing  Complete Address  Sume as line 4  |
| The general type of business transacted under the  Retail Trade Transportation and P  Wholesale Trade Construction             |  |
| Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  | Submit Certificate of<br>Assumed Business<br>Name and <b>\$25.00</b> fee to:                                     |
| The HillTop Cafe  12342 1/2 Hwy 21  Boise Idaho 83716  | Secretary of State<br>700 West Jefferson<br>Basement West<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above):   | Phone number (optional):   |
| ature: Bonnie J. Boyd gg g g g g g g g g g g g g g g g g g   | Secretary of State use only  |

IDAHO SECRETARY OF STATE 65/19/2003 05:00 CK: CASH CT: 158016 BH: 681388 1 0 25.00 = 25.00 ASSUM NAME # 2

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