



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

2005 NOV 21 AM 9:32

SECRETARY OF STATE
STATE OF IDAHO

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

THE SKYCAP CAFE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Marilyn Wise

41092 Waha Glen Rd.

Lewiston, ID 83501

Complete Address

Marilyn Wise

41092 Waha Glen Rd.

Lewiston, ID 83501

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:

Marilyn Wise

41092 Waha Glen Rd.

Lewiston, ID 83501

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

(208) 746-1146

Secretary of State use only

Signature: M. Wise
(signature required)

Printed Name: MARILYN WISE

Capacity/Title: OWNER-SOLE PROPRIETOR

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/21/2005 05:00
CK: 1182 CT: 194328 BH: 923845
1 @ 25.00 = 25.00 ASSUM NAME # 2

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