



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 JAN -6 AM 9:58

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

PORTER'S PUB

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

CYNTHIA MURRAY

84 S MAIN, SODA SPRINGS, ID 83276

BRUCE MURRAY

84 S MAIN, SODA SPRINGS, ID 83276

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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

CYNTHIA MURRAY

810 KELLY PARK RD

SODA SPRINGS, ID 83276

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

Signature: Cynthia Murray

Printed Name: CYNTHIA MURRAY

Capacity/Title: OWNER / MANAGER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/06/2014 05:00
CX: 3053 CT: 291318 BH: 1404376
1 @ 25.00 = 25.00 ASSUM NAME # 2

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