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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.	
1. The assumed business name which the undersigned us business is: <u>SFP Food Service</u>	
O I I I TH I (Home)	v or individual(s) doing Complete Address <u>V. Tupe lo Ct. Meridian</u> ID 8364 <u>Bpx 2615 Eaglo Id</u> - 53616
 3. The general type of business transacted under the assu Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: P.O. Box 2615 Eagle, Eduhc Stole 	
5. Name and address for this acknowledgment F COPY IS (if other than #4 above):	Phone number (optional):
Signature: <u>Cobert K. Thurston</u> Printed Name: <u>Pobert K. Thurston</u> Capacity/Title: <u>Owner</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 09/23/2008 05=00 CK: 8514 CT: 108920 BH: 1137175 1 @ 25.08 = 25.08 ASSUM NAME # 2