

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



FILED EFFECTIVE

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SECRETARY OF STATE
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

The Black-Eyed Susan Bakery and Cafe

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

Name	Complete Address
<u>Susan Vrbas</u>	<u>615 E. 10th Ave</u>
	<u>Post Falls ID 83854</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): 208-773-1394

Susan Vrbas
615 E. 10th Ave
Post Falls ID 83854

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

Signature: Susan Vrbas

Printed Name: Susan Vrbas

Capacity: owner/operator

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

Secretary of State use only

Revision 2/97

9 copyNormaLubin Jan16

IDAHO SECRETARY OF STATE
 08/18/2004 05:00
 CK: 1590 CT: 150010 BH: 761531
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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