



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

08 APR 11 AM 10:58

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.

**SECRETARY OF STATE
STATE OF IDAHO**

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

Creative Meal Solutions

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

Name

Richard Michael Owen Jr.

Complete Address

2191 N. Trail Creek Lane Eagle, ID 83616

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" 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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080
(208) 334-2301

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

Creative Meal Solutions c/o Mike Owen
2191 N. Trail Creek Lane
Eagle, ID 83616

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

Signature: Mike Owen
(Signature Required)

Printed Name: Mike Owen

Capacity/Title: Owner

(see Instruction # 8 on back of form)

Secretary of State use only

Form 53-504
4-11-2008
Released 04/2003

IDAHO SECRETARY OF STATE
04/11/2008 05:00
CK: 1843 CT: 224838 BH: 1109619
1 @ 25.00 = 25.00 ASSUM NAME # 2

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