



# 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**

2015 JUL 22 AM 8:17

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE  
STATE OF IDAHO

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

THE COUNTRY GRILL

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

C-STORE EXPRESS LLC

(W133778)

3048 N 3800 E, HANSEN, IDAHO 83334

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:

THE COUNTRY GRILL

3048 N 3800 E

HANSEN, IDAHO 83334

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

JIM AND DEBBIE LASH

C-STORE EXPRESS LLC

3048 N 3800 E, HANSEN ID, 83334

Signature: Debbie Lash

Printed Name: DEBBIE LASH

Capacity/Title: OWNER

Signature: \_\_\_\_\_

Printed Name: JIM LASH

Capacity/Title: OWNER

Secretary of State use only

IDAHO SECRETARY OF STATE

07/22/2015 05:00

CK:1596 CT:312663 BH:1484887  
1@ 25.00 = 25.00 ASSUM NAME #2

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