



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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.

98 DEC 15 AM 10:21
SECRETARY OF STATE
STATE OF IDAHO

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

DETAILED / OREGON TRAIL CAFE & BAR

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

<u>Name</u>	<u>Complete Address</u>
<u>JACK D. ANDERSON or</u>	<u>Rte 1 Box 24 Kinghill, Id 83633</u>
<u>Kathy K Anderson</u>	<u>Same</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) 366-2280

DETAILED / OREGON TRAIL CAFE & BAR
PO Box 967
Glenns Ferry, Idaho 83623

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

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

Signature: Kathy K Anderson

Printed Name: Kathy K Anderson

Capacity: owner-manager

(see instruction # 8 on back of form)

Revision 1/88

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Secretary of State use only

IDAHO SECRETARY OF STATE

12/15/1998 09:00
CX: 3221 CT: 91230 IN: 170401

1 @ 20.00 = 20.00 ASSUM NAME # 2

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