

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned **2013 MAR -6 AM 8:26**
submits for filing a certificate of Assumed Business Name.

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:

Pine Ridge Tavern and Family Restaurant

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
<u>Fallon Parham</u>	<u>3443 Hwy 95 Council, ID 83612</u>
<u>Toni Ketterling</u>	<u>3443 Hwy 95 Council, ID 83612</u>

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:

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:

Fallon Parham
P.O. Box 494
New Meadows, ID 83654

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

Signature: Fallon Parham
Printed Name: Fallon Parham
Capacity/Title: owner
Signature: Toni Ketterling
Printed Name: Toni Ketterling
Capacity/Title: owner

Secretary of State use only

IDAHO SECRETARY OF STATE
03/06/2013 05:00
CK: 14636791561 CT: 135992 BH: 1363232
1 @ 25.00 = 25.00 ASSUM NAME # 2

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