

Capacity/Title: <u></u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

11 NOV 23 AM 9: 35

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECTO ROY CONTATE STATE OF IDAMO

Please type or print legibly.

NOTE: See instructions on reverse before filing.	
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
4 Frendz Cateri	in 5
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
ARTHUR + Julie King 1706	' '
Lynn + Michele Pierson 336 D. Reservior Dr. Lewiston DD	
	83 <i>50 1</i>
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Apr. Kins	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Lewiston ID 8350/	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (If other than # 4 above):	208-791-8847
	Secretary of State use only
gnature: (signature required) inted Name: Actions 112 Kins	IDAHO SECRETARY OF STATE 11/23/2011 05:000