

CERTIFICATE OF ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

CERTIFICATE OF	M.S.
ASSUMED BUSINESS NA	AME SEE
Pursuant to Section 53-504, Idaho Code, the und submits for filing a certificate of Assumed Busine.	dominand (7)
Please type or print legibly	
NOTE: See instructions on reverse before fili	ng. 43
 The assumed business name which the undersign business is: 	ined use(s) in the transportion
Curley's Sportsbar And Gril	
2. The true name(s) and business address(es) of the	
ine desumed business name:	c entity of individual(s) doing
Bounie THompson	Complete Address
CONNIE Hompson 34	36 Estes
- Dak	er City, OR 97814
3. The general type of business transaction	
The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F	Public Utilities
Wholesale Trade Construction	
- Agriculture	Submit Certificate of
☐ Manufacturing☐ Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	
correspondence should be addressed:	Secretary of State 700 West Jefferson
DONNIE Thompson	Basement West
2436 Estes	PO Box 83720 Boise ID 83720-0080
Baker City OR 97814	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above):	54-524-1013
	3 <u>4-324-1015</u>
	Secretary of State use only
20 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1	D64588
Signature: Society States of Signature required	1244200
Signature: Joanes Jhompson Printed Name: Don Hie Thompson Capacity/Title: Owner	IDAHO SECRETARY OF STATE
Capacity/Title: Owner by to be a second of the second of t	CK: 4854 CT: 158818 BH: 675838 1 8 25.88 = 25.88 ASSUM MANE # 2