	CERTIFICATE OF ASSUL (Please type or print legibly. S To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an As	ee instructions on reverse.) TE OF IDAHO ho Code, the undersigned ssumed Business Name.	
	The assumed business name which the ur business is: Belo's Pub & Eatery	dersigned use(s) in the transactio	on of
2.	The true name(s) and business address(es business under the assumed business nam <u>Name</u> Bolicek Limited Company	s) of the entity or individual(s) doir ne is/are: <u>Complete Address</u> 601 S. East First St.	ng
	W 4 9	Meridian, ID 83642	
3.	The general type of business transacted un (mark only those that apply) X Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction		olic Utilities
4.	The name and address to which future Phone number (optional): correspondence should be addressed: Brad Bolicek		
	601 S. East First Street	Submit Certificate of Assumed Business Name and \$20.00 fe	
5.	Meridian, Idaho 83642 Name and address for this acknowledgmer copy is (if other than # 4 above).	t Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	0
	Λ	Secretary of State use	-
		IDAHO SECRETARY OF	f statf
Signatu	Ire: And A'	2 06/15/2000 CK: 8951 CT: 75532 B	09:00