

Signature:__

Printed Name:

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

09 OCT -2 PM 3: 33
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Managing Member

(see instruction # 8 on back of form)

The true name(s) and business address(es) of to business under the assumed business name: Name	he entity or individual(s) doing Complete Address
Thomas Hial Brown	12191 W. Amity Rd. Boise, Idaho 83709
Juan Osuna Cardenas	7766 Misty Lane Boise, Idaho 83709
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720
Yama Grill	Boise ID 83720-0080
12191 W. Amity Rd.	(208) 334-2301
Boise, Idaho 83709	
Name and address for this acknowledgment	

.

10/02/2009 05:00 CK: 318249 CT: 172099 DH: 1189578 1 8 25.88 = 25.88 QSSIN NONE 1:

D134002