



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.

2007 AUG -6 AM 9:06

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Zoes' Pie BARN & Sandwich Shop

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>Joyce G. Holloran</u>	<u>106 7th St Silverton, Id 83867</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" 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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Joyce G. Holloran
119 1/2 McKinley Ave
Kellogg, Id 83837

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

Phone number (optional):

1-208-783-1300

Signature: Joyce G. Holloran
(signature required)

Printed Name: Joyce G. Holloran

Capacity/Title: owner/owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\compforms\labn_forms\labn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE
08/06/2007 05:00
CK: 1857 CT: 216141 BH: 1069122
1 @ 25.00 = 25.00 ASSUM NAME # 2

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