



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

01 JAN 19 PM 2:36

STATE OF IDAHO

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

El Patio Bar & Grill

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name  
CAB INC  
C 7/19/13

Complete Address

P.O. BOX 459 Post Falls ID 83877

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade    | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Phone number (optional): 208-777-7504

El Patio Bar & Grill  
P.O. BOX 459  
Post Falls ID 83877

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature:

Lance T. Bruckert

Printed Name:

LANCE T. BRUCKERT

Capacity:

CONTROLLER

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

01/22/2001 09:00  
CX: 1897 CT: 141184 BH: 374192

1 @ 20.00 = 20.00 ASSUM NAME # 6

D-42050

Revision 12/99

g:\corp\forms\abn.p65

FILED/EFFECTIVE