

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2012 DEC 19 PM 4: 10

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

 The assumed business name which the usiness is: 	indersigned use(s) in the transaction of
	Dramond Steakhouse
2. The true name(s) and <u>business</u> address(e business under the assumed business national lower sections). Name Chad Johnson	es) of the entity or individual(s) doing ame: Complete Address 109 W, Maple Street New Plymouth IDAHO 83655
3. The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Chad Johnson 5232Blaine Rd New Plymouth ID 83655	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: CLOR =	Secretary of State use only
Printed Name: Chad Johnson	
Capacity/Title: Owner GM	
Signature:	IDAHO SECRETARY OF STATE 12/20/2012 05:00
Printed Name:	CK: 1529 CT: 277397 BH: 1352176 1 0 25.00 = 25.00 ASSUM NAME # 2

Capacity/Title: