



# 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**  
08 NOV 17 PM 1:07

**SECRETARY OF STATE**  
STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

POJO's Family Fun Center

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>TC Garriott</u>	<u>2025 S 25 E</u>
<u></u>	<u>Ammon, ID 83406</u>
<u></u>	<u></u>

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

- |  |  |
|--|--|
| <input 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 |  |

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

TC Garriott  
2025 S 25 E  
Ammon, ID 83406

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State  
 450 N 4th Street  
 PO Box 83720  
 Boise ID 83720-0080

(208) 334-2301

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

Signature: TC Garriott  
(signature required)

Printed Name: TC Garriott

Capacity/Title: Owner  
(see instruction # 8 on back of form)

Secretary of State use only

g:\ccp\forms\abn\_form\abn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
 11/17/2008 05:00  
 CK: NO CK# CT: 158010 BH: 1144857  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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