



CLERK OF STATE
STATE OF IDAHO

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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:

Shifters Café

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

MARIANN LEE REESE 15242 W. Lacey Rd POC, Idaho
Russell R. Reese 15242 W. Lacey Rd POC, Idaho 83202

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 | |

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

MARIANN L + Russell REESE
3256 Old Hwy 30
POCATELLO, IDAHO 83202

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

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

Phone number (optional):

208-237-1024 Home
208-232-9408 est.

Secretary of State use only

Signature:

Mariann L. Reese
(Signature required)

Printed Name:

Mariann Reese

Capacity/Title:

Owner

(see instruction # 8 on back of form)

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Revised 07/2002

IDAHO SECRETARY OF STATE
07/08/2003 05:00
CK: 2039, JT: 158010, BH: 689827
1 @ 25.00 = 25.00 ASSUM NAME # 2

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