## FILED

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

TO the SECRETARY OF STATE STATE OF IDAHO

(see instruction # 8 on back of form)



1.	The assumed business name which the undersigned us business is:  HARD DRIVE CAFE	e(s) in the transaction of
2.	The true name(s) and business address(es) of the entity business under the assumed business name is/are:  Name  ACBEILTO WONG  1714 S.EA  QUIK-WOK DILIVE-THRU & DIPER	mplete Address AG&ESON PD # ZOI FD 83 70
3.	The general type of business transacted under the assu (mark only those that apply)	med business name is:
		ansportation and Public Utilities
4.	Services Construction Mir  The name and address to which future Phone number	nance, Insurance, and Real Estate ning r (optional):
	Services Construction Mir  The name and address to which future Phone number correspondence should be addressed:  CHINATOWN PESTAURANT  4858 OVERLAND PD  BOISE, ID 83705	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
	Services Construction Mir  The name and address to which future Phone number correspondence should be addressed:  CHINATOWN RESTAURANT  4858 OVERLAND PD	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State