



# 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**

11 NOV 21 AM 9:26

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**

**Instructions are included on back of application.**

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

ROLLANS CONCESSIONS and CATERING

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**

MARK ROLLANS

PO Box 649

VICTOR ID

83455

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

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

ROLLINS CONCESSIONS &  
CATERING 83455  
PO BOX 649, VILVOY, ID

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

**Secretary of State  
450 North 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: *[Signature]*

Printed Name: MARK KOLLASIS

Capacity/Title: Sole Proprietor

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title:

**Secretary of State use only**

IDAHO SECRETARY OF STATE  
11/21/2011 05:00  
CK: 1073 CT: 264296 BH: 1298721  
1 @ 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev 07/20/10

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