FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2015 JAN 22 AM 9: 29

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

SECRETARY OF STA STATE OF IDAHO

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

The assumed business name which the business is:	undersigned use(s) in the transaction of
Oscar's	
2. The true name(s) and <u>business</u> address business under the assumed business r Name Lick Creek Food Services Inc. C204723	s(es) of the entity or individual(s) doing name: <u>Complete Address</u> 101 E. Main St., Grangeville Idaho 83530
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture	ion and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Submit Certificate of
 The name and address to which future correspondence should be addressed: 307 E. Park St., Suite 103, McCall Idaho 83838 	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (# other then # 4 above):	ient
Signature:	Secretary of State use only
Printed Name: Shane L Newton	•
Capacity/Title: President	IDAHO SECRETARY OF STATE
Signature:	01/22/2015 05:00 - CK:2513214 CT:172099 BH:145811
Printed Name:	16 25.00 = 25.00 ASSUM NAME #
Capacity/Title:	-

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