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

To the SECRETARY OF STATE, STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

	gives notice of adoption of an Ass	sumed Busin	ess Name.
1.	The assumed business name which the und	lersigned use	(s) in the transaction of
	business is:		
	Kynrede Cafe		<u> </u>
_	7	. 6 41 416 -	5
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Lynn Nachtwey	P.O. BOX	i <u>plete Address</u> 886, Hayden, ID 83835
		11	
	Jesse Machiney	·	7,
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacturing	[] T	
	Retail Trade Manufacturing Wholesale Trade Agriculture	_	nsportation and Public Utilities Ince, Insurance, and Real Estate
	Services Construction	Mini	·
			777-8/242
4.	The name and address to which future Phone number (optional): 772-8643 correspondence should be addressed:		
	Kynrede Cafe	r	
			Submit Certificate of Assumed Business
	1.0. box 886		Name and \$20.00 fee to:
	Hayden ID 83835		Convolunt of State
	- nay acting		Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgmen	t	Basement West
	COPY IS (if other than # 4 above):		PO Box 83720 Boise ID 83720-0080
			208 334-2301
			Sealotate of State of State
		1/38	08/31/2000 09:00
	I (m/m)	Revision 1/98	CK: 1019 CT: 135469 BH: 345471
ignatı	ure: tynn 11/ 4/achtwey	l az	1 8 20.00 = 20.00 ASSUM NAME # 2

Printed Name: Lynn M. Nachtwey

Capacity: Owner / Operator

(see instruction # 8 on back of form

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