

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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 of SECRETARY OF STATE, STATE OF IDAHO

00 MAY -2 AM 8:41



SECRETARY OF STATE
STATE OF IDAHO

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

CALHOUN'S CONCESSIONS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name _____

Complete Address

ANGELA K. CALHOUN

5124 BRIARCREST DR.

NAMPA, ID 83686

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☒ Retail Trade

Manufacturing

1

Transportation and Public Utilities

☐ Wholesale Trade

Agriculture

1

Finance, Insurance, and Real Estate

☐ Services

[⁻] Construction

L

Mining

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

ANGELA K. CALHOUN

5124 BRIARCREST DR.

NAMPA, ID 83686

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

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

Farmers & Merchants State Bank
112 2nd Street South
Nampa, Id 83651

Signature:

Printed Name:

Capacity:

(see instruction # 8 on back of form)

SECRETARY OF STATE

05/02/2000 09:00
 CK: 39291 CT: 45688 BH: 314284

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 35459