



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

FILED EFFECTIVE  
2003 MAR 12 AM 9:12

STATE OF IDAHO

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

JB'S Restaurant Burley

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

LDH Investments, LLC

415 1st ave east, Wendell, ID 83355

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

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

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

Daniel Lage

415 1st ave east

Wendell, ID 83355

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

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

Phone number (optional):

208-678-0803

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

(signature required)

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

Daniel Lage

Capacity/Title: \_\_\_\_\_

President

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn forms\abn.pdf  
Revised 08/2002

IDAHO SECRETARY OF STATE  
03/12/2003 05:00  
CK: 362001702 CT: 168161 BH: 667948  
1 @ 20.00 = 20.00 ASSUM NAME # 4

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