

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned **88 NOV 23 AM 9:33**  
gives notice of adoption of an Assumed Business Name **SECRETARY OF STATE**

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

The Blue Sapphire, ~~Catering & Events~~ <sup>LB.</sup>

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
<u>Lori M. Boye</u>	<u>1233 N. Highway 191 P.O. Box 74</u>
<u><del>LB.</del></u>	<u>Shelley, IDAHO 83274</u>
_____	_____

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

<input checked="" type="checkbox"/> Retail Trade <sup>RETAIL</sup> <sub>(SALE)</sub>	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services <sub>(CLASSES)</sub>	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 208 351-5751

The Blue Sapphire  
P.O. Box 74  
Shelley, Idaho 83274

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

Signature: Lori Boye  
Printed Name: Lori Boye  
Capacity: OWNER  
(see instruction # 8 on back of form)

Revision 2/97 g:\corpform\slabn.pms

Secretary of State use only

IDAHO SECRETARY OF STATE

11/23/1998 09:00  
CK: 2056 CT: 107130 BH: 163948

1 @ 20.00 = 20.00 ASSUM NAME # 2

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