

CERTIFICATE OF ASSUMED BUSINESS NAME

FILE

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

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

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 The assumed business name which the undersigned business is: 	
The Rendezuous AT The Sin) K S
2. The true name(s) and business address(es) of the er business under the assumed business name: Name MARIE Vecchione 3509	Complete Address
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West
Marie Vecchione P.O. BOX 80 Howe Id. 83744	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above):	208-767-3816
	Secretary of State use only
rinted Name: <u>Mane vecchione</u> Capacity/Title: <u>owner</u>	IDAHO SECRETARY OF STATE 94/26/2002 05:00 CK: 104 CT: 158010 BH: 461864 1 0 20.00 = 20.00 ASSUM NAME # 2
(see instruction #8 on back of form)	D54360