



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 JAN 31 PM 12:18

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

OREGON TRAIL RESTAURANT

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
<u>RAMONA PING</u>	<u>159 N. 710 W. Bluff Id</u>
	<u>83221</u>

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

RESTAURANT

- |  |  |
|--|--|
| <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 |  |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

RAMONA PING  
159 N. 710 W  
Bluff Id 83221

Phone number (optional):  
208-760-7963

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

Signature: Ramona Ping  
(signature required)

Printed Name: RAMONA PING

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
01/31/2007 05:00  
CK: 1035 CT: 209209 BH: 1029941  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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