

Signature:__

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2015 JUL 27 AM 9: 09

	Filling fee. \$25.00.	o.r	ECRETARY STA	STATE	
1.	The assumed business name which the undersign	St ned use(s) in the trai	neaction of bu	리) Isiness is:	
	MY KITCHEN FAMILY DINING				
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1): DOUGLAS A HARPOLE				
	(Name)	OT MADIEO	10 00	004	
	538 DAWSON ROAD (Address)	ST. MARIES (City)	(State)	861 (Zipcode)	
	(Name)				
	(Address)	(City)	(State)	(Zipcode)	
	(Name)				
	(Address)	(City)	(State)	(Zipcode)	
Di (Na 53 (Ao	Retail Trade Construction Wholesale Trade Agriculture Services Manufacturing Mailing address for future correspondence: OUGLAS A HARPOLE B DAWSON ROAD Outerss OT. MARIES ID 83861 Outerss Outers	Mining	ress for this a	nd Real Estate cknowledgment	
Się Pr	inted Name: DOUGLAS A HARPOLE gnature: Douglas a Harpole inted Name: gnature:	Secretary of State use only IDAHO SECRETARY OF STATE 07/28/2015 05:00 CK:250756 CT:158010 BH:1485565 16 25.00 = 25.00 ASSUM NAME #2			
Pr	inted Name:	7	D180523		

Rev. 07/2015