



CERTIFICATE OF ASSUMED BUSINESS NAME

2012 SEP 18 AM 9:05

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

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

Chick-Fil-A at Meridian Town Center

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Charles B. Miles</u>	<u>2012 N. Eagle Rd.</u>
<u></u>	<u>Meridian, ID 83646</u>
<u></u>	<u></u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

2012 N. Eagle Rd.
Meridian, ID 83646

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

Signature: *Charles B. Miles*

Printed Name: Charles B. Miles

Capacity/Title: Owner / Operator

Signature:

Printed Name:

Capacity/Title:

Secretary of State use only

IDAHO SECRETARY OF STATE
09/18/2012 05:00
CK: 3298 CT: 274375 DH: 1340252
1 @ 25.00 = 25.00 ASSUM NAME # 2

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