27	
CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS NAM	E de la constante de la consta
Pursuant to Section 53-504, Idaho Code, the undersig	
submits for filing a certificate of Assumed Business Na Please type or print legibly.	ame. 0000-
NOTE: See instructions on reverse before filing.	SECHETARY OF STATE
	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersigned	
business is:	Gazill
<u>Capone's Pub &</u>	<u>FOrm</u>
2. The true name(s) and business address(es) of the e	ntity or individual(s) doing
business under the assumed business name:	
-TI <u>Name</u>	Complete Address
homas P. Capone E	GE ST mariesaue
leresa J. Capone	oeur dalene Ta
	<u> </u>
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade Transportation and Put	Dic Utilities
Wholesale Trade Construction	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Secretary of State
The name and address to which future correspondence should be addressed:	700 West Jefferson
	Basement West
BIGE. ST Maries ave	PO Box 83720 Boise ID 83720-0080
COUNC ALARA PA BZGI	208 334-2301
_ coevi accenterate soly	
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	
	n an
	Secretary of State use only
Signature Ol Mul M	IDAHO SECRETARY OF STATE
(expreture required)	(K: 1817 CT: 158010 BH: 974435
Printed Name: 1 homas CAPONE	1 9 25.68 = 25.68 ASSUM NAME # 2
Capacity/Title: <u>YYES</u>	
(see instruction # 8 on back of form)	D 103586
	and the second

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