

CERTIFICATE OF ASSUMED BUSINESS NAME

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

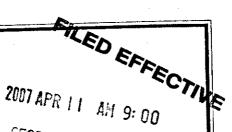
Please type or print legibly.

NOTE: See instructions on reverse before filing.

OWNER

(see instruction # 8 on back of form)

Capacity/Title:



SECRETARY OF STATE STATE OF IDAHO

D110355

THE LOG TAVERN	
The true name(s) and business address(es) of the business under the assumed business name: Name CALVIN COLTER	entity or individual(s) doing Complete Address 401 4th AVE WEST TWEET FALLS TWIN FALLS ID 83301
The general type of business transacted under the Retail Trade Transportation and P	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: THE LOG TAVERN CALVIN COLTER 401 4th AVE WEST TWIN FALLS ID 83301	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
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): 208-410-9180
	Secretary of State use only
nature: (signature réquired) nted Name: CALVIN COLTER	IDAHO SECRETARY OF STATE 94/12/2007 95=9 CK: 2566 CT: 212856 BH: 1846