



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2004 JUN 11 AM 9:35

Please type or print legibly.
NOTE: See instructions on reverse before filing.

STATE
STATE OF IDAHO

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

Laide's Catering

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>Nicholas Carlton Howard</u>	<u>14109 Hwy 55</u>
<u>Nicole Lea Howard</u>	<u>1616 Fall Blvd</u>
	<u>83638</u>

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

<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	

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

14109 Hwy 55
1616 Fall Blvd
83638

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):

208-634-1346

Signature: Nicole L. Howard
(signature required)

Printed Name: Nicole Lea Howard

Capacity/Title: President / Writer
(see instruction # 8 on back of form)

91corpformsidbnsbnp65
 Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
 06/11/2004 05:00
 CK: 3801 CT: 150010 BH: 749862
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D77232