



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.

CLERK OF STATE
STATE OF IDAHO

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

Laid'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

~~Laid's Catering~~

14109 Hwy 55

NICHOLAS CARLTON HOWARD

7100 Call Blvd

NICOLE LEA HOWARD

83638

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

7100 Call Blvd

83638

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

Phone number (optional):

208-634-1346

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

Secretary of State use only

Signature: Nicole L. Howard

(signature required)

Printed Name: NICOLE LEA HOWARD

Capacity/Title: president / partner

(see instruction # 8 on back of form)

g:\corp\forms\abn_forms\abn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
06/11/2004 05:00
CK: 3801 CT: 158018 BN: 749062
1 @ 25.00 = 25.00 ASSUM NAME # 2

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