

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.

Please type or print legibly.

Instructions are included on back of application.

2013 DEC 31 AM 10: 58
SECONDARY STATE
transaction of

2.	The true name(s) and business address(e	s) of the entity or individual(s) doing	
	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:		
	Name Name	Complete Address	
	Simple Eats, LLC	504 Main St., Suite 210	
	W110160	Lewiston, ID 83501	
3.		Submit Certificate of	
4.	The name and address to which future correspondence should be addressed: Simple Eats, LLC 504 Main St., Suite 210 Lewiston, ID 83501	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than #4 above):	nt	
Printe Capa	ture: Magen Inforth city/Title: Duoner	Secretary of State use only IDAHO SECRETARY OF STATE	
วเนทส	ture:	12/31/2013 05:00 CK: 2315 CT: 283950 MH: 1483772	
	d Name:	1 P 25.08 = 25.00 ASSUM NAME N 2	

abn.pmd Rev. 07/2010

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