

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.

(see instruction # 8 on back of form)

	LAST CHANCE SAI	<u> </u>				
2. The true name(s) and business business under the assumed business		e entity or individual(s) doing				
Name EDDIE MADDEN SR.		Complete Address PO BOX 1027, BONNERS FERRY, ID 83805 PO BOX 1027, BONNERS FERRY, ID 83805				
				The general type of business to	ransacted under the	e assumed business name is:
					ransportation and P Construction	ublic Utilities
	Agriculture	Cultural to Condition to the				
	/lining	Submit Certificate of Assumed Business				
Finance, Insurance, and	Real Estate	Name and \$25.00 fee to:				
4. The name and address to which	ch future	Secretary of State				
correspondence should be addressed: EDDIE AND KIRSTEN MADDEN dba LAST CHANCE SALOON		700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301				
			PO BOX 1027, BONNERS FERRY	′, ID 83805	200 334-2301	
			5. Name and address for this ac	knowledgment	Phone number (optional):	
COPy is (if other than # 4 above).		208-267-5012				
		Secretary of State use only				
gnature: Liter Than	OrpVorms\text{subn.p65}					
(signature required)	Korms Jahn forms					
inted Name: KIRSTEN MADDI	arms/al/	IDAHO SECRETARY OF S 97/21/2004 0				
pacity/Title:JOINT OWNER	Sorp\fo	CK: 2345 CT: 150010				

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