

227

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly) **FILED/EFFECTIVE**



To the SECRETARY OF STATE, STATE OF IDAHO  
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

00 M 8 AM 9:33  
STATE OF IDAHO

1. The assumed business name which the undersigned ~~uses~~ in the transaction of business is:

Clearwater Legacy Restaurant

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
MARtha A. Jones	1065 Turnbull creek Rd. new Smyrna FLA 32168
Norman P. Jones	1065 Turnbull creek Rd new Smyrna FLA 32168

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services     | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

owner - Martha + Norman Jones  
General Manager Walt Hussey  
P.O. Box 572 Kooskia ID. 83539

Submit Certificate of Assumed Business Name and \$20.00 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 (# other than # 4 above):

Signature: Martha A Jones  
Printed Name: MARtha A. Jones  
Capacity: owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

05/08/2000 09:00  
CK: 0162 CT: 130746 BH: 315735

...+4-20.00 = 20.00 ASSUM NAME # 2

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