



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.

FILED EFFECTIVE

2005 JUL 10 4:51 PM

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

Dining on the Edge

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

Michael H. Clay

P.O. Box 512, Orofino, ID 83544

Sandra J. Clay

P.O. Box 512, Orofino, ID 83544

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

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

Dining on the Edge

P.O. Box 512

Orofino, ID 83544

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

Phone number (optional):

208-476-4764

Signature: Sandra J. Clay
(signature required)

Printed Name: Sandra J. Clay

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

5/10/05 form slatn, p65
Revised 04/2003

IDAHO SECRETARY OF STATE
06/10/2005 05:00
CK: 2048 CT: 150010 BH: 815274
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 88657