

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name:

FILED EFFECTIVE

2007 JUN 25 AM 11:25

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Bandidas' Bar & Grill

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

3 Amigas, LLC

411 N. Main St.

W63704

Hailey, Id 83333

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 | |

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:

3 Amigas, LLC

PO Box 3043

Hailey, ID. 83333

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

Phone number (optional):

208 309-1988

Signature:

Printed Name:

Capacity/Title:

(signature required)

Susan Weller

Owner/Manager

(see instruction # 8 on back of form)

Secretary of State use only

0112689

IDAHO SECRETARY OF STATE
06/25/2007 05:00
CK: NO CK # CT: 150010 BH: 1062214
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\comp\form\state\format\idn.ppt
Revised 04/2003