

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. 09 JUN -1 AM 9: 31

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

Home	stead Farms
The true name(s) and business address(s business under the assumed business na Name Homestead Family Restaurant, Inc.	es) of the entity or individual(s) doing me: Complete Address 1355 Parkway Drive, Blackfoot, ID 83221
C183252	
3. The general type of business transacted L Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business
William T. Dishman 1355 Parkway Drive Blackfoot, ID 83221	Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
	Secretary of State use only
nature: William T. Dishman	IDAHO SECRETARY OF STA

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