



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.

2008 FEB 15 PM 2:09
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:

Catering Express

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

| <u>Name</u> | <u>Complete Address</u> |
|----------------------------|-----------------------------|
| <u>Verlene I. Thornton</u> | <u>4767 Adams St</u> |
| | <u>Garden City Id 83714</u> |

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 **\$20.00** 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:

Verlene I. Thornton
4767 Adams St.
Garden City Id 83714

Phone number (optional):

208-

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

Signature: X Verlene Thornton

Printed Name: _____

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

0374158

IDAHO SECRETARY OF STATE
03/16/2004 05:00
CK: 3318 CT: 158818 BH: 733195
1 @ 25.00 = 25.00 ASSUM NAME # 2