

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

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CERTIFICATE OF  ASSUMED BUSINESS NA  Pursuant to Section 53-504, Idaho Code, the undended submits for filing a certificate of Assumed Busines  Please type or print legibly.  NOTE: See instructions on reverse before filing	lersigned ss Name.  State of the second seco
The assumed business name which the undersiged business is:    Ho+ Meals	gned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Lusse     Schulmice   140	Complete Address  Sweet Dr. Idahofalls ID83402
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services - Food Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: (signature perfuired)  Printed Name: Capacity/Title: Owner	IDANO SECRETARY OF STATE 93/67/2005 05:00

03/07/2005 05:00 CK: 1618 CT: 158018 PH: 796985 1 0 25.00 = 25.00 ASSUM NAME # 2

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