



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

11 DEC 19 AM 9 11

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

DICKENS BARBECUE P.T.

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

BND RETIREES, LLC
(W107417)

P.O. Box 2143 IDAHO FALLS ID
83403

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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Bob Wilkins
P.O. Box 2143
Idaho Falls ID 83403

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

Signature: Bob Wilkins

Printed Name: Bob Wilkins

Capacity/Title: Partner

Signature: 12

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/19/2011 05:00
CK: 1004 CT: 265893 BH: 1382218
1 @ 25.00 = 25.00 ASSUM NAME # 2

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