



CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE
STATE OF IDAHO
FILED EFFECTIVE

2015 MAR 30 AM 10:06

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:

BEN'S BOWLS

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>BEN CARPENTER</u>	<u>1193 IDLERS REST RD</u>
	<u>MOSCOW, ID 83843</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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" 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
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:

BEN CARPENTER
1193 IDLERS REST RD
MOSCOW, ID 83843

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

Signature: BEN CARPENTER
 Printed Name: BEN CARPENTER
 Capacity/Title: MR.
 Signature: _____
 Printed Name: _____
 Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 03/31/2015 05:00
 CR:22644685754 CT:158010 BH:1468654
 1@ 25.00 = 25.00 ASSUM NAME #2

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