

Capacity/Title: ___

MUNU4

CERTIFICATE OF ASSUMED BUSINESS NAME

	FILED EFFECTIVE
CERTIFICATE OF	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
ASSUMED BUSINESS N	
Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Busi	· · · · · · · · · · · · · · · · · · ·
Please type or print legibly.	
Instructions are included on back of application.	
The assumed business name which the undersigned use(s) in the transaction of	
business is: THE LIBE	RTY BAR
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
Thomas. H Goe	172 E Main Street Right Id 83442
	37
The general type of business transacted under the assumed business name is:	
Wholesale Trade Construction	nd Public Utilities
✓ Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720
Liberty Barton/Clintro 172 E Main Street Righy Id 83442	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	<u> </u>
COPY is (if other than # 4 above).	1
PO Rox 93	
Basatt Id 83218 Signature: Jehly Parko	Secretary of State use only
Printed Name: Liberty Routon	
Capacity/Title: Owner	
Signature: New Totusan	IDAHO SECRETARY OF STATE
Printed Name: Clint PederSon	45/22/2012 65:00 CK: 1922 CT: 278664 BH: 1325281 1 P 25.88 = 25.88 ASSIN MONE # 2

abn.pmd Rev. 07/2010

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