

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

FILED EFFECTIVE

2017 JUN 15 PM 1: 45

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction				use(s) in the transaction of business is:
	Jakers Restaurant and Bar			
2. The individual and/or entity names and business address(es) of those do the assumed business name (do not include the name you listed in #1): Jakes of Twin Falls, Inc. 1598 Blue Lakes Blvd N, Twin Falls, ID 8: (Name) (C 101953) (Address)			ou listed in #1):	
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	⋉ Retail Trade Wholesale Trade Services	Construction Agriculture Manufacturing		☐ Transportation and Public Utilities☐ Mining☐ Finance, Insurance, and Real Estate
4.	Mailing address for future correspondence: 5.		5.	Name and address for this acknowledgment copy is (if other than #4):
	Jaker's of Twin Falls			
	(Name) 1598 Blue Lakes Blvd N			(Name)
	(Address) Twin Falls, ID 83301			(Address)
		ate) (Zipcode)		(Cify) (State) (Zipcode)
Printed Name: Use De Roasa			Secretary of State use only	
Sig	gnature: Au San			
Printed Name:				10aho becretary of state 06/16/2017 05:00
Signature:				CK:6597 CT:150545 BH:1589173 16 25:00 = 25:00 ASSUM NAME #2
Dei	inted Name:		1	

Rev. 08/2015

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