



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

2014 MAY 22 AM 8:41

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:

The Main Squeeze Juice Bar and Creamery

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

Laureld (L.D.) Bigler

2707 Lindsay Creek Rd - Lewiston, ID 83501

Valarie Bigler

2707 Lindsay Creek Rd - Lewiston, ID 83501

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" 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 type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

The Main Squeeze

504 Main Street

Lewiston, ID 83501

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

L.D. Bigler

2707 Lindsay Creek Rd

Lewiston, ID 83501

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

Signature: _____

Printed Name: Laureld D. Bigler

Capacity/Title: Owner

Signature: Valarie Bigler

Printed Name: Valarie Bigler

Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE

05/22/2014 05:00

CK:1169 CT:131540 BH:1425920

1@ 25.00 = 25.00 ASSUM NAME #2

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