

**FILED EFFECTIVE**

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

09 MAR 20 AM 10:32

SECRETARY OF STATE  
STATE OF IDAHO

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

Smiths Cafe

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

D. Blair Smith

135 W. Main St. Oakley, Id. 83346

Jennifer G. Hilscher

135 W. Main St. Oakley, Id. 83346

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 checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input 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:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

D. Blair Smith  
415 South Worthington  
Oakley, Id 83346

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

\_\_\_\_\_  
\_\_\_\_\_

Signature:

D. Blair Smith  
(signature required)

Printed Name:

D. Blair Smith

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/20/2009 05:00  
CX: 214050 CT: 172099 SN: 1162241  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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