

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2015 DEC 11 AM 9:13
SECRETARY OF STATE
STATE OF IDAHO

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

FORAGE BISTRO & LOUNGE

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

CLOM CONCEPTS, LLC 285 E. LITTLE AVE. #A
(Name) (Address)
(W145567) DRUGS, ID 83422

CHRISTIAN HANLEY 966 POWDER VALLEY RD
(Name) (Address)

LISA HANLEY DRUGS, ID 83422
(Name) (Address)

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

285 CHRISTIAN HANLEY
(Name)
285 E. LITTLE AVE #A
(Address)
DRUGS ID 83422
(City) (State) (Zipcode)

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

[Signature]
(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: CHRISTIAN HANLEY

Signature: [Signature]

Printed Name: LISA HANLEY

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/11/2015 05:00

CK:1758 CT:271401 BH:1503815
10 25.00 = 25.00 ASSUM NAME #2

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