



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

2012 FEB 24 PM 2:50

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:

Sonic Drive-In Lewiston

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

Clarus Lewiston LLC
W 100777

1306 N. Division St.
Spokane WA 99202

1306 N. 21st St., 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:

1306 N. Division St.
Spokane WA 99202
Clarus Lewiston LLC

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

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

Clarus Lewiston LLC
1306 N. Division St.
Spokane WA 99202

Signature: Preston Hawkins

Printed Name: Preston Hawkins

Capacity/Title: Owner/Member

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IMHO SECRETARY OF STATE
02/27/2012 05:00
CK: 913451 CT: 172099 BH: 1312174
1 P 25.00 = 25.00 ASSUM NAME # 2

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