

Printed Name:_

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED/EFFECTIVE

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

02 SEP -9 PH 2:00

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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. The assumed business name which the undersigned business is: Superb Sushi	
	Complete Address 8 / Harrison Blud.
3. The general type of business transacted under the	
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Tustering 2	Secretary of State use only

IDAHO SECRETARY OF STATE
09/09/2002 05:00
CK: 228 CT: 158818 BH: 487153
1 8 28.88 = 28.88 ASSUM NAME # 2

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