

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO MAY 18 PM 2:19

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

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

Fay's Place

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>M. Fay Kemp</u>	<u>604 Main Ave. So. Twin Falls Id</u>
<u>Laura Kemp</u>	<u>604 Main Ave. So. " 83301</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

M. Fay Kemp  
604 Main Ave. So.  
Twin Falls, Id. 83301

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

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

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

Secretary of State use only  
IDAHO SECRETARY OF STATE

05/18/1998 09:00  
CK: 5921 CT: 98875 BH: 111648

1 @ 20.00 = 20.00 ASSUM NAME

Signature:

M. Fay Kemp

Printed Name:

M. FAY KEMP

Capacity:

Owner, Manager

(see instruction # 8 on back of form)

Revision 2/87

g:\corporate\idaho.pms

D15072