



# 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.**

FILED EFFECTIVE

2004 JUL -2 P 12:15

SECRETARY OF STATE  
STATE OF IDAHO

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

SONNY'S FRIGGIN PIZZA COMPANY

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

| <u>Name</u>           | <u>Complete Address</u>                     |
|-----------------------|---|
| <u>SANTINO ROMANO</u> | <u>1800 N COLE RD <sup>APM #</sup> B304</u> |
|                       | <u>BOISE ID 83704</u>                       |

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

- |  |  |
|--|--|
| <input 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 |  |

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

SANTINO ROMANO  
1800 N. COLE ROAD <sup>APM #</sup> B304  
BOISE ID 83704

Submit Certificate of  
Assumed Business  
Name and \$25.00 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):

208 376 4470

Secretary of State use only

Signature: Santino Romano

(signature required)

Printed Name: SANTINO ROMANO

Capacity/Title: \_\_\_\_\_

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE  
07/02/2004 05:00  
CK: CASH CT: 158010 BH: 753739  
1 @ 25.00 = 25.00 ASSUM NAME # 2