Capacity:

(see instruction #8 on back of form)

	CERTIFICATE OF ASSUM (Please type or print legibly. Se	1ED BUS ee instruction	SINESS NAME D	
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	o Code, the	undersign et	53
1.	The assumed business name which the und business is:	dersigned use	e(s) in the transaction of	
	HODGE PODGE GOULASH		ar individual(a) daina	-
2.	business under the assumed business nam			
	Name	310	N Wilson Cr.	
	DONALD RAY LEEDS	310	N WIESDIN CI.	-
		Boire	ID 83206	
3.	The general type of business transacted un (mark only those that apply)	med business name is:	1 1	
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction		nsportation and Public Utilitie ance, Insurance, and Real E ing	
4.	The name and address to which future Phone number (optional): correspondence should be addressed:			
	SAME		Submit Certificate of Assumed Business Name and \$20.00 fee to:	,
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
•		Revision 1/88	Secretary of State use only IDAHO SECRETARY OF STATE 12/28/1998 09:00 CK: 3374 CT: 168713 RH: 173669	
Signate			1 0 20.00 = 20.00 ASSUM NAME N	5
Printed	Name: 1) and Kay Lxtds	n. p65	D21320	

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