

Printed Name

Capacity/Title: awner

(see instruction # 8 on back of form)

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME 2007 AUG - 1 AM 8: 4.14 Pursuant to Section 53-504, Idaho Code, the unuclaight submits for filing a certificate of Assumed Business Name SECRETARY OF STATE

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

lori	i's Eatery
The true name(s) and business address(e business under the assumed business name     Name     Ken and Victoria Wakewood	s) of the entity or individual(s) doing me: Complete Address 1924 Addison Avenue East
The general type of business transacted ur  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  1924 Addison Avenue East Twin Falls, ID 83301	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
	nt Phone number (optional):
Name and address for this acknowledgmen copy is (if other than # 4 above):	(208) 733-1860

IDAHO SECRETARY OF STATE

08/01/2007 05:00

CK: 2008 CT: 158010 BH: 1068399
1 8 25.00 = 25.00 ASSUM NAME # 2