

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO

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:

Bloomer Cafe

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	P.O. Box 1923
<u>Linda C. Bloomer</u>	<u>Complete Address</u>
	<u>1060 E. Mullan Ave.</u>
	<u>Post Falls, Id.</u>
	<u>83854</u>

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

- |  |  |  |
|--|--|--|
| <input 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 checked="" 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): 208 457-1809

Linda C Bloomer  
1060 E Mullan Ave.  
Post Falls, Id. 83854

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

12/29/2000 09:00  
CK: 1239 CT: 140158 BN: 369016

1 @ 20.00 = 20.00 ASSUM NAME # 2

D41460

Signature: Linda C. Bloomer

Printed Name: LINDA C. BLOOMER

Capacity: Sole Proprietor

(see instruction # 8 on back of form)

Revision 2/97

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