

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

MAR 29 PM 12:59

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Jeffrey's Restaurant & catering

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

Name	Complete Address
<u>Jeffrey C Grossman</u>	<u>920 Lovelle Ave Lewiston ID 83501</u>
<u>Kathy L Grossman</u>	<u>920 Lovelle Ave Lewiston ID 83501</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 | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Jeffrey's Restaurant & Catering
244 Thain Rd
Lewiston ID 83501

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

Jeffrey C Grossman
920 Lovelle Ave
Lewiston ID 83501

Signature: Kathy Grossman
(signature required)

Printed Name: Kathy L. Grossman

Capacity/Title: Co-owner

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
03/30/2010 05:00
CK: NO CK # CT: 246502 BH: 1215244
1 @ 25.00 = 25.00 ASSUM NAME # 2

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