



# 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**

2003 JUL 10 AM 9:02

SECRETARY OF STATE  
STATE OF IDAHO

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

South Paw Bakery

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>Shawna Snyder-Jamison</u>	<u>1178 S. 10th St., Spirit Lake, ID, 83869</u>
<u>Benjamin Jamison</u>	<u>Same</u>

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade          | <input type="checkbox"/> Construction                        |
| <input 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:

Shawna Snyder-Jamison  
Po Box 778  
Spirit Lake, ID 83869

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Shawna Snyder-Jamison  
(signature required)

Printed Name: Shawna Snyder-Jamison

Capacity/Title: owner

(see instruction # 8 on back of form)

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

Phone number (optional):

208-623-6050

Secretary of State use only

g:\corp\form\labn form\labn.pdf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
07/10/2003 05:00  
CK: 1696 CT: 158010 BH: 690309  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D67137