



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 NOV 29 AM 8:37

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Latte Chalet Espresso

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

<u>Name</u>	<u>Complete Address</u>
<u>Jaylin Chapman</u>	<u>624 N. 5th Avenue</u>
<u></u>	<u>Sandpoint, ID</u>
<u></u>	<u>83864</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 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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Latte Chalet Espresso
624 N. 5th Avenue
Sandpoint, ID 83864

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

Signature: Jaylin Chapman
Printed Name: Jaylin Chapman
Capacity/Title: Owner

Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/29/2010 05:00
CK: 68938717342 CT: 158010 BH: 1248693
1 @ 25.00 = 25.00 ASSUM NAME # 2

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