



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 MAR 14 AM 9:08

SECRETARY OF STATE
STATE OF IDAHO

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

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

Cookies Chuck Wagon

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>Sean Lochridge</u>	<u>64019 Highway 3, Fernwood</u>
<u>Rosella Lochridge</u>	<u>64019 Highway 3, Fernwood 83830</u>
	<u>83830</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 | |

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

• Sean or Rosella Lochridge
P.O. Box 336
Fernwood, Id 83830

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

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

Signature: Rosella Lochridge
Printed Name: Rosella Lochridge
Capacity/Title: Co Owner
Signature: Sean Lochridge
Printed Name: SEAN LOCHRIDGE
Capacity/Title: CO OWNER

Secretary of State use only

IDAHO SECRETARY OF STATE
03/14/2011 05:00
CK: 1692 CT: 150010 BH: 1264127
1 @ 25.00 = 25.00 ASSUM NAME # 2

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