



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2013 AUG -9 PM 12: 32

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:

Apple bin cafe

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>mike ketchu</u>	<u>316 S. Nebraska Fruitland 83619</u>
<u>Andrew ketchu</u>	<u>316 S. Nebraska Fruitland 83619</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 | |

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

Apple bin cafe
814 SW 3rd Street
Fruitland Idaho 83619

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

Secretary of State use only

Signature: mike ketchu

Printed Name: mike ketchu

Capacity/Title: _____

Signature: Andrew ketchu

Printed Name: Andrew ketchu

Capacity/Title: _____

IDAHO SECRETARY OF STATE
08/09/2013 05:00
CK: CASH CT: 286247 BH: 1385534
1 @ 25.00 = 25.00 ASSUM NAME # 2

D165032