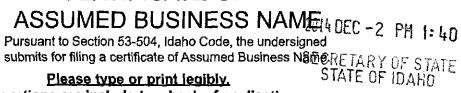
9/21/2012

## **CERTIFICATE OF**





Instructions are included on back of application.

business is: Whiskey Bar		
2. The true name(s) and <u>busine</u> business under the assumed Name The Silly Birch Inc.	l business name:	e entity or individual(s) doing <u>Complete Address</u> State Str, Boise, ID 83712
3. The general type of business  Retail Trade  Wholesale Trade  Services  Manufacturing  Finance, Insurance, an	Transportation and P Construction Agriculture Mining	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to w correspondence should be a Jason Kovac  1119 East State Str  Boise, ID 83712		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this a copy is (if other than #4 above):	cknowledgment	
Signature:		Secretary of State use only
Printed Name: Jason Kovac		10AHO SECRETARY OF STATE 12/02/2014 05:00
Capacity/Title: President		CK:3843 CT:202448 BH:145136
Signature:		1@ 25.00 = 25.00 ASSUM NAME
•		
Printed Name:		
Capacity/Title:	abn.pmd Rev. 07/2010	DI75261