

Capacity/Title: _

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

D 144633

SECRE BY OF STATE STATE OF IDAHO

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

business is:	Starlite Lanes	
2. The true name(s) and <u>business</u> a business under the assumed bus		
<u>Name</u>		Complete Address
Bill Everhart	5234 E Line	coln Road, Idaho Falls, Idaho 83221
3. The general type of business train		
Wholesale Trade Co	nsportation and Publinstruction riculture	ic Utilities
	ning	Submit Certificate of
Finance, Insurance, and R	Ĭ	Assumed Business Name and \$25.00 fee to:
4. The name and address to which	1	Secretary of State
correspondence should be addre	essed:	450 North 4th Street PO Box 83720
Starlite Lanes		Boise ID 83720-0080
500 E Walker St Blackfoot, Idaho 83221		208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	wledgment	
gnature: <u>BML und 188</u>		Secretary of State use only
nted Name: Bill Everhart		
pacity/Title: Owner		
nature:		IDAHO SECRETARY OF STATE
		01/18/2011 05:0
nted Name:		CK: 24228698 CT: 254471 BH: 125 1 0 25.00 = 25.00 ASSUM NAME

abn.pmd Rev. 07/2010