

CERTIFICATE OF ASSUMED BUSINESS NAME

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

SEP 23 AM 8: 38

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

SECRETARY OF STATE STATE OF IDAHO

	mandations are mandaed on back of app	VII VIII VIII	STATE OF IDAHU	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	THE BAL	LET BARR	E	
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address			
	RENDA BLAKENSHIP 2825 N HV			
		POST FALLS, ID 83854		
 4. 	The general type of business transacted up Retail Trade	n and Put		
	2825 N HWY 41 POST FALLS, ID 83854		208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		
	5 19120 0 - 4 - 4		Secretary of State use only	
Signa	iture: TEUNCOUP			
Printed Name: BRENDA BLANKENSHIP				
Сара	city/Title:_OWNER			
Signa	iture:		TRAIN PROPERTIES OF STATE	
Printe	ed Name:		IDANO SECRETARY OF STATE 09/23/2011 05:00 07:00:00:00:00:00:00:00:00:00:00:00:00:0	
Capacity/Title:			CK: 993 CT: 262703 BH: 1291630 1 @ 25.00 = 25.00 ASSUM MAME # 2	

abn.pmd Rev. 07/2010