

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

08 FEB 14 AM 11:18
SECRETARY OF STATE
STATE OF IDAHO

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

Cramma's Country Pie Shop

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Lorie Bower

Complete Address

1025 Burke St

Buhl, Ida 83316

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 checked="" 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:

1025 Burke St
Buhl, Ida

83316

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

Signature: Lorie Bower
(signature required)

Printed Name: Lorie Bower

Capacity/Title: Owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-490-0070

Secretary of State use only

IDAHO SECRETARY OF STATE
02/14/2008 05:00
CK: NO CK# CT: 222565 BH: 1099655
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 119079