227



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

## **FILED EFFECTIVE**

2015 SEP 16 PM 12: 35

STATE OF IDAHO

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you lated in #1):  Double R.Bar, Inc. PO Box 1930 Lewiston, ID 83501  (Name) (Address)  3. The general type of business transacted under the assumed business name is:    Retail Trade	1.	The assumed business named Lewiston Grocer	<del>-</del>	l use(s) in the transaction of business is:	
(Name)  (Name)  (Address)  (Name)  (Address)  (Name)  (Address)  (Name)  (Address)  (Address)  (Name)  (Address)  (Manufacturing  (Address)  (A	2.				
(Name) (Address)    Name				on, ID 83501	
(Name) (Address)  (Name) (Address)  (Name) (Address)  3. The general type of business transacted under the assumed business name is:    Retail Trade			(Address)		
3. The general type of business transacted under the assumed business name is:    Retail Trade			(Address)		
3. The general type of business transacted under the assumed business name is:    Retail Trade		(Name)	(Address)		
Retail Trade		(Name)	(Address)		
Wholesale Trade Agriculture Mining Finance, Insurance, and Real Estate  4. Mailing address for future correspondence:  Ronnie C. Reynolds (Name) PO Box 1930 (Addrese) Lewiston, ID 83501 (City) (State) (Zipcode)  Printed Name: Barbara J. Reynolds Signature:  Printed Name: Barbara J. Reynolds Signature:  Si	3,	The general type of business transacted under the assumed business name is:			
Services   Manufacturing   Finance, Insurance, and Real Estate    4. Mailing address for future correspondence:   5. Name and address for this acknowledgment copy is (if other than # 4):    Ronnie C. Reynolds   (Name)   (Name)     PO Box 1930   (Address)   (Address)     Lewiston, ID 83501   (City)   (State)   (Zipcode)     Printed Name: Ronnie CoReynolds   Secretary of State use only     Signature:			<u></u>		
4. Malling address for future correspondence:  Ronnie C. Reynolds (Name) PO Box 1930 (Address) Lewiston, ID 83501 (City) (State) (City) (State) (City) (City) (State) (City) (City) (State) (City) (State) (City) (City) (State) (City) (State) (City) (Cit			<del>-</del>		
Ronnie C. Reynolds (Name) PO Box 1930 (Addrese) Lewiston, ID 83501 (City) (State) (State) (City) (State) (City) (State) (City) (State) (City) (State) (State) (City) (State) (State) (City) (State) (State) (City) (City) (State) (City) (State) (City) (City) (State) (City) (City) (State) (City) (City) (City) (State) (City) (C					
(Name) PO Box 1930 (Addrese) Lewiston, ID 83501 (City) (State) (Zipcode)  Printed Name: Ronnie CoReynolds Signature: Printed Name: Barbara J. Reynolds Signature:  O9/16/2015 05:00  UK: 3210944 CT:172099 BH:1492564 16 25.00 = 25.00 ASSUM NAME #2  Signature:	4.	_	orrespondence: 5.	· · · · · · · · · · · · · · · · · · ·	
PO Box 1930 (Address)  Lewiston, ID 83501 (City) (State) (Zipcode)  Printed Name: Ronnie CoReynolds Signature:  Printed Name: Barbara J. Reynolds  Signature:  O9/16/2015 05:00  CK: 3210944 CT:172099 BH:1492564  1@ 25.00 = 25.00 ASSUM NAME #2  Signature:				(Name)	
Lewiston, ID 83501  (City) (State) (Zipcode)  Printed Name: Ronnie CoReynolds  Secretary of State use only  Signature: Barbara J. Reynolds  Signature: 09/16/2015 05:00  CK: 3210944 CT:172099 BH:1492564  1@ 25.00 = 25.00 ASSUM NAME #2  Signature: 100   100		•		( Carrier)	
Printed Name: Ronnie CoReynolds  Signature: Barbara J. Reynolds  Signature: D9/16/2015 05:00  CK: 3210944 CT: 172099 BH: 1492564  10 25.00 = 25.00 ASSUM NAME #2		•		(Address)	
Signature:			ate) (Zipcode)	(City) (State) (Zipcode)	
Signature:	Pri	nted Name: Ronnle CoReyno	olds	Secretary of State use only	
Signature:		Mar W.	nes	,	
Signature:       09/16/2015 05:00         CK:3210944 CT:172099 BH:1492564       1@ 25.00 = 25.00 ASSUM NAME #2         Signature:	Pr	inted Name: Barbara J. Reyn	olds		
Printed Name: CK: 3210944 CT: 172099 BH: 1492564 1@ 25.00 = 25.00 ASSUM NAME #2  Signature:	Signature: Bandot				
	Printed Name:				
	Sig	nature:		*	
Rev. 08/2015		<del></del>	Rev. 08/2015	1)181482	