

CERTIFICATE OF ASSUMED BUSINESS NAME

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

02 OCT -9 AM II: 49

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

business is: Old Town Coffe House & Deli	
Cia Town Conc Hoade a Beil	
The true name(s) and business address(es) business under the assumed business nam	
3. The general type of business transacted un	nder the assumed business name is:
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: .	Secretary of State 700 West Jefferson Basement West PO Box 83720
1212 1st S. South Nampa, ID 83687	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
c/o Merrick Tax & Financial Servcies, LLC 1100 Garrity Blvd.	Secretary of State use only
Nampa, ID 83687	
Signature: Signature: Signature: Signature: Signature required) Printed Name: Bonnie Romero Capacity/Title: Managing Member	1000000