

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



SECRETARY OF STATE
STATE OF IDAHO
MAR 05 AM 9:30

FILED

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

Norm's Cafe

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

Name

Complete Address

Tom Collins

803 Main Avenue West

Vicki Collins

Twin Falls, Idaho 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Tom & Vicki Collins

dba Norm's Cafe

803 Main Avenue West
Twin Falls, Idaho 83301

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

D.L. EVANS Bank

P.O. Box 87

Twin Falls, Idaho 83301

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

03/05/1999 09:00
CK: 1671 CT: 24885 BH: 193953

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 23751

Signature: _____

Printed Name: Linda Voss

Capacity: Commercial Loan Officer

(see instruction # 3 on back of form)

Revision 2/97
9 Non-Permitted Print