(Flease type or print	ASSUMED BUSINESS NAME legibly. See instructions on reverse.)
To the SECRETARY OF STA Pursuant to Section 53	TE, STATE OF IDAHO -504, Idaho Code, the undersigned APR 30 12 46 PM '0
The assumed business name which business is:	n of an Assumed Business Name. ch the undersigned use(s) in the tra me@ution rofer state STATE OF TDAHO
Saigon	Restaurant
The true name(s) and business act business under the assumed business.	ddress(es) of the entity or individual(s) doing ness name is/are:
<u>Name</u>	Complete Address
Wee Nin Chan Wei Qun Chen	3107 GARRITU Blud Nampa
	sacted under the assumed business name is:
Wholesale Trade Agric	ufacturing Transportation and Public Utilities ulture Finance, Insurance, and Real Estate Mining
 The name and address to which fu correspondence should be address 	
_ Shigon Restauran 3107 GARRITY BIO	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknow copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: New Nin	IDAHO SECRETARY OF STATE 94/36/2691 69:06
Printed Name: New Char	CAS CRISH CT: 145725 BH: 394224
Capacity: Owner - Partner (see instruction # 8 on back of form)	— Series = 58.00 ASSUM MANE # 2