



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 JUN 11 AM 8:57

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Wing Nut Mini Donuts

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

Name	Complete Address
<u>Luann Wing</u>	<u>119 State Street, Salmon, Id 83467</u>
<u>Charles Wing</u>	<u>119 State St. Salmon, Id 83467</u>

3. The general type of business transacted under the assumed business name is:

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

mobile Food Vendor

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Wing Nut Mini Donuts
119 State St.
Salmon, ID 83467

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

Signature: Luann Wing

Printed Name: Luann Wing

Capacity/Title: Owner

Signature: Charles Wing

Printed Name: Charles Wing

Capacity/Title: Co-owner

Secretary of State use only

IDAHO SECRETARY OF STATE
06/11/2013 05:00
CK: 449 CT: 204184 DH: 1377624
1 @ 25.00 = 25.00 ASSUM NAME # 2

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