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# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

Please type or print legibly.  
Instructions are included on back of application.

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SECRETARY OF STATE  
STATE OF IDAHO

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

Silver Horseshoe Family Saloon

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

business under the assumed business name  
Kathy Hayward

339 N Bridge St Anthony, Id

83445

Chad Jones

22 N. Bridge St. St. Anthony, ID 83445

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

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

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise, ID 83720-0000

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

Silver Horseshoe Family Saloon  
St. Anthony, ID 83445

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

Secretary of State use only

Signature: Kathy Hayward

Printed Name: Kathy Hayward

Capacity/Title: Owner/Operator

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

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IDAHO SECRETARY OF STATE  
09/23/2010 05:00  
CK: 516403 CT: 172099 BH: 1240055  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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