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## **CERTIFICATE OF**

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name. SECRETARY OF TAKE OF TOWNS AND AME

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

NOTE. See instructions on reverse scioic	·······3.
1. The assumed business name which the unde	rsigned use(s) in the transaction of
business is:	
MeTropolis Bak.	ery & Cate
2. The true name(s) and business address(es) of	of the entity or individual(s) doing
business under the assumed business name:	· · · · · · · · · · · · · · · · · · ·
Name	Complete Address
Dave Short	722 STEVENS
	Filer Id
	<u> </u>
3. The general type of business transacted under	er the assumed business name is:
Retail Trade Transportation a	and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
722 STEVENS	Basement West PO Box 83720
Files Id	Boise ID 83720-0080
83328	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than #4 above):	· · · · · · · · · · · · · · · · · · ·
	Secretary of State use only
	9961
gnature: D-Shirt	\(\int_{\alpha\colonia}\) \(\sigma\colonia\) \(\si
inted Name: 09ve 5hort	IDAHO SECRETARY OF STAT
apacity/Title: Owner	IDAHO SECRETARY OF STAT
(see instruction # 8 on back of form)	CK: 684060 CT: 172099 BH:
· ·	1 @ 25.00 = 25.00 ASSUM

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