



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 APR 27 AM 8:11

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Heartland Deli & Ice Cream Parlour

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

Nikki M. Sauerland

1007 N 3rd st. McCall, Idaho 83638

P.O. Box 1742 McCall, Idaho 83638

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

- | | |
|--|--|
| <input checked="" 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 83720-0080
208 334-2301

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

Heartland Deli & Ice Cream Parlour

P.O. Box 1742 McCall, Idaho, 83638

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

Secretary of State use only

Signature: Nikki Sauerland

Printed Name: Nikki Sauerland

Capacity/Title: owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
04/27/2011 05:00
CK: 1139 CT: 250194 BN: 1271066
1 @ 25.00 = 25.00 ASSUM NAME # 2

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