



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

**FILED**

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

IDAHO CITY GROCERY

99 MAY 12 AM 9:18  
SECRETARY OF STATE  
STATE OF IDAHO

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

<u>Name</u>	<u>Complete Address</u>
<u>BKA, INC.</u> <u>(C 128351)</u>	<u>P.O. BOX 488 IDAHO CITY, IDAHO 83631</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

BKA, INC.  
P.O. BOX 488  
IDAHO CITY, IDAHO 83631

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

NA

Secretary of State use only

Signature: Kristen Andersen

Printed Name: Kristen Andersen

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

Formulation 100  
Supplemental 100

IDAHO SECRETARY OF STATE

05/12/1999 09:00  
CX: 5081 CT: 115418 BH: 216113

1 @ 20.00 = 20.00 ASSUM NAME # 2

125944