

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

**FILED**



98 DEC -7 AM 11

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

SECRETARY OF STATE  
STATE OF IDAHO

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

L + N BEVERAGE

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

Name	Complete Address
<u>MILDRED NAGEL</u>	<u>P.O. Box P</u>
<u>ANNE NAGEL MATHEWS</u>	<u>535 EASTLAND DR S</u>
<u>ROGER LAWENDER</u>	<u>TWIN FALLS ID 83301</u>

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

- |  |  |  |
|--|--|--|
| <input 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 checked="" type="checkbox"/> Services | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining                              |

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

L + N BEVERAGE  
P.O. Box P  
TWIN FALLS ID 83301

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Jaime Dane

Printed Name: JAIME DANE

Capacity: GEN MGR

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

12/07/1998 09:00  
CX: 0461 CT: 107733 DI: 167794

1 @ 20.00 = 20.00 ASSUM NAME # 2

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