



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 DEC 30 AM 8:21

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

BIG BITES

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

VIS ENTERPRISES, LLC

22 CARLSON AVE., REXBURG, ID 83440

(W99216)

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 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:

VIS ENTERPRISES, LLC

22 CARLSON AVE

REXBURG, ID 83440

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

ALLIED FINANCIAL SERVICES, PLLC

P.O. BOX 674

REXBURG, ID 83440

Secretary of State use only

Signature: Kirby J. Forbush

Printed Name: KIRBY J. FORBUSH

Capacity/Title: ORGANIZER

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
12/30/2010 05:00
CK: 1469 CT: 87111 BH: 1253009
1 @ 25.00 = 25.00 ASSUM NAME # 3

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