## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

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



EFFECT

The assumed business name which the undersigned business is:  HOAGIE STREET Country	
2. The true name(s) and business address(es) of the end business under the assumed business name:  Name  GREG GRIGGS /08  DARLA GRIGGS /08  MWW	Complete Address  W. Boy D. P.O. Box 89  W. Bury D. Po Box 89  Faugh ID 83344
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Staten p65	Secretary of State use only

Printed Name: GREG M

Capacity/Title: OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE **98/12/2093 95:00**CK: 5472 CT: 158010 BH: 695966

1 0 25.00 = 25.00 ASSUM NAME # 2