



# 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.**

**FILED EFFECTIVE**

2004 APR 19 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

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

Salmon River Bar and Grill

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

Paul W. Chartrand

P.O. Box 117, Tendoy, ID 83468

Cheryl A. Bishop

P.O. Box 117, Tendoy, ID 83468

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 |  |

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

Salmon River Bar and Grill

P.O. Box 117

Tendoy, ID 83468

Submit Certificate of  
Assumed Business  
Name and \$25.00 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):

Jordan P. Smith, Attorney at Law

807 Main Street

Salmon, ID 83467

Phone number (optional):

208-756-2257

Signature

*Paul W. Chartrand*

(signature required)

Printed Name:

Paul W. Chartrand

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\form 535.doc 3/6/03 Revised 04/2003

IDAHO SECRETARY OF STATE  
04/19/2004 05:00  
CK: 9012 CT: 150010 BH: 740122  
1 @ 25.00 = 25.00 ASSUM NAME # 2

575538