



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2012 JUL 20 AM 11:16

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Truckers Retreat

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

John Jason Monreo Olson

39 N. Sunset St. Nampa Idaho 83651

Annmada Leah Olson

39 N. Sunset St. Nampa Idaho 83651

3. The general type of business transacted under the assumed business name is:

- | | |
|--|---|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

Truckers Retreat

39 N. Sunset St

Nampa Idaho

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

Secretary of State use only

Signature: _____

Printed Name: John Jason Monreo Olson

Capacity/Title: Owner

Signature: _____

Printed Name: Annmada Leah Olson

Capacity/Title: Co-Owner

IDAHO SECRETARY OF STATE
07/20/2012 05:00
CK: 1069487 CT: 172099 DH: 1332043
1 @ 25.00 = 25.00 ASSUM NAME # 2

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