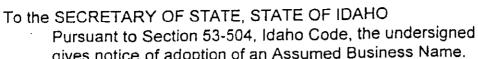
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





	loption of an Assumed			
 The assumed busine business is: 			<u> </u>	>
Grandpas	Southern Bar	-B-Q to		一 <u>た</u>
2. The true name(s) and business under the a Nar Lloyd? Loce Ha	issumed business nar ne west brook	ne is/are: <u>Cor</u> <u>434 W. Gr</u>	nplete Address	8321. aho 33404
3. The general type of b (mark only those that app	ousiness transacted u	nder the assu	med business name is:	
Retail Trade Wholesale Trade Services 4. The name and address correspondence show	Construction ess to which future F	Fina		
Tim McKenne 375 E 17th S	2		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
Idaho Falls, 5. Name and address for copy is (if other than # 4 ab		nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		2757	Secretary of State use only IDAHO SECRETARY OF STATE	
Signature: Jim Miles	ma	Ravision 2/97	08/10/1998 09:00 CX: 507 CT: 102532 BH: 135454 1 0 20.00 = 20.00 ASSUM NAME	
Printed Name: Tim mckenng		ا مسر د	1 e co.oo - co.oo noom nam.	
Capacity: Owner		orplormstabn pm6	D 11000	
(see instruction # 8 on i	back of form)	ide or		