227

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

07 NOV 19 AM 9:42

07 OCT -3 AM 8:35

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

SECRETARY OF STATE
STATE OF IDAHO

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

The Smoke-N-Head

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
Stephanie Nagel	347 Washington St. No.
Allen Nagel	347 Washington St. No
	Twin Falls, Id. 83301

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

- [x] Retail Trade
- [ ] Wholesale Trade
- [ ] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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

Stephanie Nagel
1011 Filer Ave. West
Twin Falls, Id. 83301

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

Signature: Stephanie Nagel
(signature required)

Printed Name: Stephanie Nagel

Capacity/Title: President

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and $25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

Secretary of State use only

g:\corp\forms\abn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE
11/19/2007 05:00
CK: 4367 CT: 190515 BH: 1085907
1 @ 25.00 = 25.00 ASSUM NAME # 2

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