

## 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.

10 NOV 17 AM 8: 2

## Please type or print legibly. Instructions are included on back of application.

SECONDAY OF STATE

Toad	dstool Grill
The true name(s) and <u>business</u> address(e business under the assumed business name  Name  Lily Pad Enterprises, Inc.	
<u> (14717)</u>	
Wholesale Trade Construction	on and Public Utilities
<ul> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:     Suzanne J Mackey	Secretary of State 450 North 4th Street PO Box 83720
2470 Jackson Ave Emmett, ID 83617	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above).	ent
nature: Surpriet Mockey	Secretary of State use only
nted Name: Suzanne J Mackey	
pacity/Title: President	
nature:nted Name:	IDAHO SECRETARY OF
pacity/Title:	11/17/2010 ( CK: 6533 CT: 224877 B

abn.pmd Rev. 07/2010

ASSUM NAME # 2