

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned
Pursuant to Section 53-504, Idaho Code, the undersigned PM 2: 15

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the unde	ersigned	d use(s) in the transaction of
business is:		
Sweet Misen	1es	
The true name(s) and <u>business</u> address(es) of business under the assumed business name: <u>Name</u>		Complete Address
Roger Simmons	1/1	45 Hwy 44 STan Id
The general type of business transacted und	er the a	assumed business name is:
□ Retail Trade □ Transportation a	and Put	olic Utilities
Retail Trade I ransportation a Wholesale Trade Construction	u	
Services Agriculture Manufacturing Mining		Submit Certificate of Assumed Business Name and \$20.00 fee to:
Finance, Insurance, and Real Estate		Secretary of State
4. The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson Basement West
11145 Hay 44		PO Box 83720
SFan, Id 83669		Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Phone number (optional):
Pacen Simmons		
Pogen SIMMONS PO Bx 135		Secretary of State use only
Stan Id 83669	55	
Signature: Semmo	orms/abn.pl	
Printed Name: Roger Simmons	g.corpVormslabn formslabn.p65 Revised12/2001	IDAHO SECRETARY OF STATE 03/29/2002 05:00 CK: CASH CT: 158010 BH: 455658 1 0 20.00 = 20.00 OSCUM MANE #
Capacity/Title: Owner); kcorpV	1 0 20.00 = 20.00 ASSUM NAME # 2
(see instruction #8 on back of form)	0,	N (2)
		D 53423