CERTIFICATE OF		
ASSUMED BUSINESS NA		
Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business	signed on the second l	
Please type or print legibly.		
NOTE: See instructions on reverse before filin	STATE OF IDAHO	
1. The assumed business name which the undersigned use(s) in the transaction of business is:		
Cherry Plaza Merchants Association Dairy Days		
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name. <u>Name</u> <u>Complete Address</u>		
	East Fairivew Avenue, Meridian, Idaho	
3. The general type of business transacted under the         Retail Trade       Transportation and F         Whotesale Trade       Construction         Services       Agriculture         Manufacturing       Mining         Finance, Insurance, and Real Estate         4. The name and address to which future correspondence should be addressed:		
Roxanne Gail Beach	PO Box 83720	
54 East Fairview Avenue Boise ID 83720-0080		
Meridian, ID 83642	208 334-2301	
5. Name and address for this acknowledgment COPY is (if other than #4 above):	Phone number (optional): 	
	Secretary of State use only	
Signature:     Signature: <th>IDAHO SECRETARY OF STATE 06/13/2002 05:00 CK: 2128 CT: 161142 BH: 471465</th>	IDAHO SECRETARY OF STATE 06/13/2002 05:00 CK: 2128 CT: 161142 BH: 471465	

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