FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

CA JAM - 5 PM 12: 12
SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

MOTE. See monder		
The assumed business name business is:	which the undersig	ned use(s) in the transaction of
Compass Group, USA Division	: 	
2. The true name(s) and busines business under the assumed Name Compass Group USA, Inc.	2400	Complete Address Orkmont Road Orkmont Road, Charlotte, NC 28217
3. The general type of busines		he assumed business name is:
Retail Trade Wholesale Trade Services Manufacturing Finance, Insurance, a 4. The name and address to vecorrespondence should be Compass Group USA, Inc. 2400 Yorkmont Road Charlotte, NC 28217 5. Name and address for the copy is (if other than #4 above):	which future addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Signature: Printed Name: Thomas G. Ondrof Capacity/Title: CFO (see instruction # 8 on back		Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 101/05/2004 05:00 CK: 110116376 CT: 69776 BH: 71992: 1 2 25.00 = 25.00 ASSUM NAME # 3

D 21830

ID009 - 4/11/03 C T System Online