



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. 2804 SEP 14 AM 9:31

Please type or print legibly.

NOTE: See instructions on reverse before filing. SECRETARY OF STATE OF IDAHO

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

MUSTANG MUNCHIES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>CAMILLE R. FREEMAN</u>	<u>1047 N. CALEDONIA PL. Eagle, Id.</u>
	<u>83616</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

CAMILLE R. FREEMAN
1047 N. CALEDONIA PL.
EAGLE, ID. 83616

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

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

Phone number (optional):

208-939-2228

Signature: Camil R. Freeman

(signature required)

Printed Name: CAMILLE R. FREEMAN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
09/14/2004 05:00
CK: 1003 CT: 158010 BH: 765899
1 @ 25.00 = 25.00 ASSUM NAME # 2

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