



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.

5 PM 2:31

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Michelle's Sweet Sensations

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

Name

Michelle L. Thomas

Complete Address

888 Poleline Rd. West
TWIN FALLS, ID 83301

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 checked="" 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:

Michelle L. Thomas
888 Poleline Rd. West
Twin Falls, Id 83301

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:
25 A^o

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):

Name as above

Phone number (optional):

208 735-8768

Secretary of State use only

Signature: Michelle L. Thomas

Printed Name: Michelle Thomas

Capacity: Owner

(see instruction # 8 on back of form)

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Revised 01/2001

IDaho SECRETARY OF STATE
05/05/2003 05:00
CK: 234 CT: 158010 BH: 678723
1 @ 25.00 = 25.00 ASSUM NAME # 2

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