CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53 504, Idaho Code, the undersided

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	CAPSON GROCERY HOME DE	ELIVERY
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	<u>Name</u> <u>Cor</u>	mplete Address
	DENIS & Cindy CAPSON 234 W	1.1005. Burley ID
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
,	Wholesale Trade Agriculture Final	insportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future Phone number (optional): 2868-2736 correspondence should be addressed:	
	Cindy CAPSON GROC. HM. Delivery 234 W. 100 S.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
_	Burley ID 8.3318	Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080
		208 334-2301

Signature: Lindy L. Capson

Printed Name: Cindy L. Capson

Capacity: MANAGER

(see instruction # 8 on back of form)

Secretary of State use only IDAHO SECRETARY OF STATE

08/11/2000 09:00 CK: 3524 CT: 196209 BH: 340569

1 8 20.00 = 20.00 ASSUM NAME # 2

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