Capacity: At- DWWell

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BURINESSE PHANTINE (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO May 17 11 23 MM 'NI Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name E_{TAB} 1. The assumed business name which the undersigned use(s) in the transaction off a business is: Propical Ice 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address I 14th E. Metn. Home 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): 208 587-9396 correspondence should be addressed: 205 S. 14th E. Men. Home 1D Submit Certificate of 83647 Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY is (if other than #4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHU SECRETARY OF STATE Signature: الكالك **45/17/2001 09:00** CK: 6451 CT: 146515 BH: 397766 Printed Name: ___

1 0 20.00 = 20.00 ASSUM NAME # 2

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