CERTIFICATE OF ASSUMED BUSINES (Please type or print legibly. See instructions on reverse.) FFECTIVE 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. State 1. The assumed business name which the undersigned use(s) in the transaction of business is: agnens Delicatesse 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 Enterprises, INC. TOZ E. Prairie 118 aay 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): _____ correspondence should be addressed: non Submit Certificate of Assumed Business rairie AIL Name and \$20.00 fee to: 838.3 Secretary of State 5. Name and address for this acknowledgment 700 West Jefferson Basement West CODY IS (if other than # 4 above): PO Box 83720 Kanle Boise ID 83720-0080 208 334-2301 Secretary of State use only 12/99 IDAHO SECRETARY OF STATE Revision 01/10/2001 09:00 Signature: CK: 24994 CT: 132465 BH: 371988 MARIC Printed Name: 28.00 = 20.00 ASSUM HANE # 2 ANEN Capacity: nes, DENT (see instruction # 8 on back of form) D 211725