



# 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 undersigned

gives notice of adoption of an Assumed Business Name

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SECRETARY OF STATE

STATE OF IDAHO

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

Il Fiore

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

Name

Complete Address

Robin Cabrini

13970 W. Daimler Ct., Boise, Id 83713

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 correspondence should be addressed:

Phone number (optional): 039-7746

ROBIN CABRINI  
13970 W. Daimler Ct.

Boise, Id. 83713

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: Robin Cabrini

Printed Name: Robin Cabrini

Capacity: President

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

08/09/2000 09:00  
CK: 1079 CI: 71318 BH: 340029

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 12/99

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