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# CERTIFICATE OF ASSUMED BUSINESS NAME

Jan 17 9 04 AM '97

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.

SECRETARY OF STATE  
STATE OF IDAHO

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

Four Seasons Snacks

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

Address

Howard O. Johnson

207 Riverwood Ct. Post Falls, ID 83854

DONNA M. Pierce

207 Riverwood Ct. Post Falls, ID. 83854

3. The general type of business transacted under the assumed business name is:

7 & 9 Services - Retail Trade

See categories on the reverse

4. The name and address to which correspondence should be addressed:

Four Seasons Snacks

207 Riverwood Ct. Post Falls, ID. 83854

Signed

Donna M. Pierce

By

DONNA M. Pierce

Capacity

PARTNER / OWNER

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

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 01/17/1997 0900 56146

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CK #: 101 CUST# 74998

ASSUM NAME

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