

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page)

FILED

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.

93 JUN 10 AM 8:45

STATE OF IDAHO

1. The assumed business name which the undersigned uses in the transaction of

Business is: Kinkadee
Thomas Kinkadee at Boise Towne Square Gallery

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

Name	Complete Address
<u>William Mason</u>	<u>1485 Poleline Road, Twin Falls, ID 83301</u>
<u>Debbie Mason</u>	<u>1485 Poleline Road, Twin Falls, ID 83301</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): _____

William and Debbie Mason dba Little Red Hen
350 N. Milwaukee
Boise, Idaho 83701

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

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

FIRST SECURITY BANK N.A.
COMMERCIAL LOAN DOCUMENTATION CENTER
P.O. BOX 8203
BOISE, IDAHO 83707

Secretary of State Use Only

Signature:

William Mason
William Mason, Owner

Printed Name:

Debbie Mason
Debbie Mason, Owner

(see instruction #8 on other sheet)

IDAHO SECRETARY OF STATE

06/10/1998 09:00
CX: 603154719 CT: 66269 DN: 110260

10 20.00 = 20.00 ASSUM NAME

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