CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHOU OCT 19 AM 8: 57

	Pursuant to Section 53-504, Idat gives notice of adoption of an As	no C ssun	ode, the un ned Busines	dersigned Action or STATE Br Manne IDAHO
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	STRIKE ZONE GRILL			(
2.	The true name(s) and business address(es business under the assumed business name Name Lov: R. Gessner	ne is.	lare: Comp	individual(s) doing lete Address The St When we was 83814
3.	The general type of business transacted un (mark only those that apply)	ıder	the assume	ed business name is:
	Retail Trade] []]		portation and Public Utilities ce, Insurance, and Real Estate g
4.	correspondence should be addressed:	hone	e number (d	ptional):
	John F. Gessner 1004 N. 7th St Cocur d'Arene ID 83814	e.	1	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5.	Name and address for this acknowledgment copy is (if other than # 4 above): BANK OF AMERICA APPLEWAY BRANCH #96503		700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	W. 501 Appleway Coeur d'Alene, ID 83814 (208) 667-3537	Revision 1/98	CK: 3	STANGESECRÉTIRIO DES PRIME .0/19/2000 09:00 750215823 CT: 82171 BH: 355543
Signatu	xe: Jkn J. Jessam	Rev	1	8 28.88 = 28.88 ASSUM HAME # 2
Printed Name: John F. Gessner		bn.p65	0398	830
Capaci	ty:(see instruction # 8 on back of form)	rpYorms\abn.p65		