Capacity: Owner

(see instruction # 8 on back of form)

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 12 ACC 14 gives notice of adoption of an Assumed Business Name.	
The assumed business name which the undersigned use(s) in the transaction of business is:	
Cabin Fever Espresso	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	mplete Address L Coeur D'alene, IDAL 83814
	,
3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade	
4. The name and address to which future Phone number (optional): 208 - しょうフラヴ correspondence should be addressed:	
Cindy miller 914 N. 6th	Submit Gertificate of Assumed Business Name and \$20.00 fee to:
Coeur D' Oulene, TOAHO 83814 5. Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
84/1	Secretary of State use only IDAHO SECRETARY OF STATE
Signature: Cinds D. mulle	11/12/1998 09:00 CK: 3495 CT: 106648 BH: 160759
Printed Name: Ciody J. miller	1 0 20.00 = 20.00 ASSUM NAME # 2

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