

FILED

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO 97 DEC 31 AM 8:41
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name

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

2185 DRIVE-IN

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

~~MOONHORN INC~~

715 SHERMAN AVE. COEUR D'ALENE
ID. 83814

MOONHORN IDC.

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): 208-667-0723

Moonhorn INC.

715 Sherman Ave

Coeur D Alene ID 83814

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

Submit Certificate
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

98 MAR -5 AM 9:09
SECRETARY OF STATE
STATE OF IDAHO

Signature:

R. Michael Oboe

Printed Name:

R. MICHAEL OBOE

Capacity:

RESIDENT

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

12/31/1997 09:00

CK: 1745 CT: 91861 BH: 68687

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/97

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