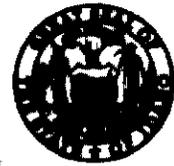


CERTIFICATE OF ASSUMED BUSINESS NAME

(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
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:

METROPOLIS BAKERY CAFE

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
<u>MARTI JONES</u>	<u>1831 JULIE LN TWID FALLS P3301</u>
<u>MICHAEL JONES</u>	<u>1831 JULIE LN TWID FALLS P3301</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): 208-734-4459

MARTI JONES
125 MAIN AVE EAST
TWID FALLS ID 83301

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 acknowledgment copy is (if other than # 4 above):

SAME

Signature: [Handwritten Signature]

Printed Name: R. MICHAEL JONES

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE
02/26/1998 09:00
CK: 3 CT: 94876 BM: 85741
1 @ 20.00 = 20.00 ASSUM NAME

012532