

Capacity/Title: Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

158994

2012 OCT 30 AM 9: 12

Please type or print legibly. Instructions are included on back of application.

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The assumed business name which the business is:	he undersigned use(s) in the transaction of
Town Center Baskin Robbins	
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Kevin P Diamond Linda J Diamond	ess(es) of the entity or individual(s) doing ss name: Complete Address 131 Best Ave Coeur d'Alene Id 83814 131 Best Ave Coeur d'Alene Id 83814
	Submit Certificate of Assumed Business
4. The name and address to which futur correspondence should be addressed Kevin Diamond Town Center Baskin Robbins 11357 Avondale Loop Rd Hayden Lake Id 83	Secretary of State d: 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above).	
ignature fair that	Secretary of State use only
rinted Name: Kevin P Diamond Capacity/Title: Owner Cignature: Ando J. Diamond Crinted Name: Linda J Diamond	IDAHO SECRETARY OF STATE 10/30/2012 05:00 CK: 5781 CT: 275754 BH: 1345687 1 0 25.00 = 25.00 ASSUM NAME # 2