



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2005 FEB 10 PM 2:26

STATE OF IDAHO

FILED
EFFECTIVE

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

Frederickson's Fine Candies

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| | |
|----------------------------|--------------------------------|
| <u>Name</u> | <u>Complete Address</u> |
| <u>Bonnie Frederickson</u> | <u>309 Hansen St. East</u> |
| | <u>Twin Falls, Idaho 83301</u> |

3. The general type of business transacted under the assumed business name is:

| | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Frederickson's Candies
309 Hansen St. East
Twin Falls, Idaho 83301

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

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-733-7624

Secretary of State use only

Signature: Bonnie Frederickson
(signature required)

Printed Name: Bonnie Frederickson

Capacity/Title: OWNER

(see instruction # 8 on back of form)

D 84335