



# 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:

Mrs. Fields Original Cookies

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

110930 Ro-Lin, Inc.

Name

Complete Address

3891 N. Sangrejo Pl.

Boise, ID 83704-4485

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

Phone number (optional): (208) 322-8990

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

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

Signature:

Printed Name:

Capacity:

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/14/1998 09:00  
CK: 1067 CT: 97317 BH: 106846

1 @ 20.00 = 20.00 ASSUM NAME

D 13981