



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.

FILED EFFECTIVE
2003 OCT 28 AM 8:35
STATE OF IDAHO

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

HomeBleed Gourmet

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

Name

Complete Address

D.S. EPPERSON

435 N. 3rd W, RIBBY ID 83442

John K. EPPERSON

435 N. 3rd W, RIBBY ID 83442

DAVE Lewis

3882 EAST 400 North RIBBY, ID 83442

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

- | | |
|--|--|
| <input 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:

D.S. EPPERSON

435 N. 3rd W.

RIBBY ID 83442

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

Phone number (optional):

208 745 7110

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

Signature: D.S. EPPERSON

(signature required)

Printed Name: D.S. EPPERSON

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
10/28/2003 05:00
CK: 901 CT: 173937 BH: 708774
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 70093