



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

2002 OCT 10 AM 8:38

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

FIRST CHOICE VENDING

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

DOVER L. ALDERMAN

3293 N. 10TH PLACE COEUR D'ALENE, ID 83815

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 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:

3293 N. 10TH PLACE
COEUR D'ALENE, ID 83815-5058

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 AS ABOVE

Phone number (optional):

208 667-8146

Signature:

Dover L. Alderman
(signature required)

Printed Name:

DOVER L. ALDERMAN

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\idn form\idn.pdf
Revised 07/2002

IDAH0 SECRETARY OF STATE
10/10/2002 05:00
CK: 4789 CT: 158810 BH: 575414
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 59007