CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO lm 17 4 34 PM '97 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: TWIN SPRINGS Cafe 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Glorge C. Castle HCR, 35 Baine dd. 85706 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 Minina 4. The name and address to which future Phone number (optional): 338-8529 correspondence should be addressed: Dever Clarth Submit Certificate of HER 35 Baine Ad 85706 Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above): PO Box 83720

Boise ID 83720-0080 208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE DATE 06/13/1997 0900 AGSUN NAME 18 20.00= 20.00

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Signature: Sleve Clash

Printed Name: <u>GFORGE & CASTLE</u>

Owner Capacity:

(see instruction # 8 on back of form)