



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 AUG 25 AM 10:15

STATE OF IDAHO

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

Baskin Robbins

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

~~Two O's Inc.~~

Two O's Inc.
C143905

2849-HE 3500 N

Twin Falls ID 83301

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 checked="" 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:

Baskin Robbins
677 Blue Lake Blvd N
Twin Falls ID 83301

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):

Phone number (optional):

734-5507

Signature

Terry Olson

(signature required)

Printed Name:

Terry Olson

Capacity/Title:

Self / Pres.

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporate\slabn forms\slabn.p65
Revised 07/2002

IDAHO SECRETARY OF STATE
08/27/2002 05:00
CK: 5143 CT: 115417 BH: 484876
1 @ 20.00 = 20.00 ASSUM NAME # 2

D57694