



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2005 MAY 20 PM 12: 20

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

THE FROSTY GATOR

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
<u>Gator Tail Enterprises LLC</u>	<u>4914 WEST 65 SOUTH IDAHO FALLS, ID. 83402</u>
_____	_____
_____	_____

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 | |

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

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

THE FROSTY GATOR C/O JAKE SCHAEFER
4914 WEST 65 SOUTH IDAHO FALLS, ID.
83402

Phone number (optional):

208-535-0492

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

Signature: *Jake Schaefer*
(signature required)

Printed Name: JAKE SCHAEFER

Capacity/Title: MANAGER/OWNER
(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
05/20/2005 05:00
CK: 537826 CT: 172099 BH: 811626
1 @ 25.00 = 25.00 ASSUM NAME # 4

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