## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STAT  Pursuant to Section 53-504, Idal  gives notice of adoption of an As	ho Code #fine	nandeksiäitle8: 05	
1.	gives notice of adoption of an Assumed Business Name. STATE  The assumed business name which the undersigned usa(s) (Indition to the business is:			
	Breaktime Treats		ann Mada	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Bonnie Harris mai		mplete Address 358 INKom, ID 8324	
		Shall	358 INKOM, ID 8324 . old Hwg 38#6 INKOM, IC 8324	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	Retail Trade	Fin	ansportation and Public Utilities nance, Insurance, and Real Estate ning	
4.	The name and address to which future Phone number (optional): correspondence should be addressed:			
	BONNIE Harris POBOX 358		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
<b>1</b> 5.	Name and address for this acknowledgment copy is (if other than # 4 above):		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		2/99	Secretary of State use only	
Signatu	ire. Bonnie Harris	Revision 12/99	IDAHO SECRETARY OF STATE .2/04/2000 09:00 K: 90 CT: 139200 BH: 364432	
•	Name: Bonnie Harris	<b>1</b>	20.00 = 20.00 ASSUM NAME # 2	
Capaci	ty: nwwer	rms\abn.p65	n. 10000	

(see instruction # 8 on back of form)

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