

Capacity/Title:

(see instruction # 8 on back of form)

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	2 STATE 2
The assumed business name which the undersign business is: Thomas Cuisine M	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: <u>Name</u>	
Thomas Management Corporation C82850	n Leyo E. Franklin Re McGidian, 1d 83642
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
Leto E. Franklin Rd. Meridian, 10 83642	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 884-57-66
	Secretary of State use only
nature: <u>Inal noma</u> signature required atted Name: Thad Thomas	

IDAHO SECRETARY OF STATE 05/21/2003 05:00 CK: 61121 CT: 78739 BH: 681637 0 25.00 = 25.00 ASSUM NAME # 2

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