



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

00 JUL 16 AM 8:34

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

Juice Factory

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name
KARINE ADAMS

Complete Address

4578A MAPLE CT, MTN HOME, AFB
IDAHO, 83648

ADRIEN ADAMS

SAME AS ABOVE

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|----------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): (208) 832-7610

Juice Factory

4578A MAPLE CT, MOUNTAIN HOME AFB

ID, 83648

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

SAME AS ABOVE

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

Signature: [Signature]

Printed Name: ADRIEN ADAMS

Capacity: CO-OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

06/16/2000 09:00
CX: 158976 CT: 24876 BH: 326953

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 12/99

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