i			
CER [*]	TIFICATE OF ASSUMED E (Please type or print legibly. See instru	BUSINESS I ctions on reverse	NAME
· To th	o 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.		
The assumed business name which the undersigned use(s) in the transaction of business is:			
<u></u>	aprice's Gourmet Foods		SEC
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	<u>Name</u>	Comple	ete Address
_	Caprice's Gourmet Foods, L.L.C	. 9300 West	Bay Stream Court
	(17450)	Boise, Id	
3. The general type of business transacted under the assumed business name is:			
kx 	Retail Trade		ortation and Public Utilities e, Insurance, and Real Estate
	4. The name and address to which future Phone number (optional): (208)854-1402 correspondence should be addressed:		
	Michael Megale	S.,	hmit Contificate of
	9300 West Bay Stream Court		bmit Certificate of sumed Business
	Boise, Idaho 83703	` Na	me and \$20.00 fee to:
	5. Name and address for this acknowledgment Base		cretary of State D West Jefferson sement West D Box 83720
	Scot M, Ludwig	Boi	se ID 83720-0080
	877 West Main, Suite 506	208 334-2301	
	Boise, Idaho 83702		ecretary of State use only
Signature:	Mke	Revision 2/97	
Printed Na	me: Michael Megale	bu e	IDAHO SECRETARY OF STATE
Capacity:_	Member	pYromstabn.pm6	CK: 6075 CT: 154821 BH: 436068 0 20.00 = 20.00 ASSUM NAME # 2
	(see instruction # 8 on back of form)	phfor	D 50623