



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.

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

FROSTY MUG DRIVE IN

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

Name

SCOTT HASKINS

Complete Address

151 BLUE LAKES BLVD TWIN FALLS, ID 83301

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	

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

FROSTY MUG

151 BLUE LAKES BLVD

TWIN FALLS, ID 83301

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

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

Phone number (optional):

208-734-2958

Signature: Scott Haskins (signature required)

Printed Name: SCOTT HASKINS

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Form 53-504
Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE
04/28/2003 05:00
CK: 278078373 CT: 158810 DH: 677135
1 # 25.00 = 25.00 ASSUM NAME # 2

D44784