

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D85857

Pursuant to Section 53-504, Idaho Code, the undersigned 2005 HAR 22 AM 8: 44

Please type or print legibly.
NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF IDAHO

	Cafe' Creations
The true name(s) and business address under the assumed business	ss(es) of the entity or individual(s) doing name:
Name	Complete Address
MeTime Coffeehouse, Inc.	4940 Mill Station Drive Suite 104
(C146026)	Boise, ID 83716
	Submit Certificate of Assumed Business
4. The name and address to which futur correspondence should be addressed My Cafe' Creations 3489 S. Shortleaf Ave. Boise, ID 83716	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowle copy is (if other than # 4 above).	gment Phone number (optional):
	Secretary of State use only
nature: (signature required) nted Name: Beth Alpaugh	— IDAHO SECRETARY OF STATE ### Company