



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.

2007 JAN 24 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

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

HOMETOWN KITCHEN

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

Name

Complete Address

RAELENE QUINTON

1540 W. Broadway Idaho Falls, ID 83402

SANDRA CHERRY

1540 W. Broadway Idaho Falls, ID 83402

ELMER CHERRY

1540 W. Broadway Idaho Falls, ID 83402

3. The general type of business transacted under the assumed business name is:

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

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

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

RAELENE QUINTON

1540 W. Broadway

Idaho Falls, ID 83402

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

ZIONS BANK Attn: Brooke

1235 S Utah Ave

Idaho Falls, Idaho 83402

Phone number (optional):

Signature: Raeleene Quinton

(signature required)

Printed Name: RAELENE QUINTON

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

107466
IDAHO SECRETARY OF STATE
01/24/2007 05:00
CK: 678955245 CT: 208871 BH: 1028275
1 @ 25.00 = 25.00 ASSUM NAME # 2