



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.

FILED EFFECTIVE
2005 MAY 17 AM 8:32
STATE OF IDAHO

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

Rock Creek Java, ~~INC~~

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
<u>Gary D Shook</u>	<u>3506 E. 3985 N.</u>
<u>Beverly Shook</u>	<u>Kimberly Id 83341</u>

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:

Gary D. Shook
3506 E. 3985 N.
Kimberly, ID 83341

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

Phone number (optional):

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

D.L. EVANS
215 BLUE LAKES BLVD. N.
P.O. BOX 17
TWIN FALLS ID 83303

Signature: _____

Printed Name: Gary D. Shook

Capacity/Title: [Signature]

(See instructions #3 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
05/17/2005 05:00
CK: 9055845 CT: 150010 BN: 810064
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 87884