Capacity/Title: Coner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. STATE OF TOTAL OF TO

NOTE: See instructions on reverse before filling.	THO THO.
The assumed business name which the undersigned business is:  Mocha Shack	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the elebusiness under the assumed business name:  Name  Stuart Vank rafz  Am	Complete Address  Beane # Aug  Lalls, TD \$3211
3. The general type of business transacted under the a	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Studiet Krat  412 Bennett (e.e.  Om Folk, 36 83211	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above):</li></ol>	Phone number (optional):  224-1398
	Secretary of State use only
nature: Stuart Parkerate	IDAHO SECRETARY OF STATE 02/28/2005 05:01 CK:3 CT: 158010 BH: 795672

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