

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.

BEAN BU	JZZZZ ESPRESSO
2. The true name(s) and business address business under the assumed business recommendation Name HALVERSON HOSPITALITY, INC.	c(es) of the entity or individual(s) doing name: Complete Address 5667 LAKEVIEW CT, RATHDRUM ID 83858
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed: MARY HALVERSON 	Secretary of State 700 West Jefferson Basement West PO Box 83720
5667 W. LAKEVIEW CT. RATHDRUM ID 83858	Boise ID 83720-0080 - 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above): GREGORY L. DECKER	ment Phone number (optional): 208-667-9544
1919 N. 3RD STREET COEUR D'ALENE, ID 83814	Secretary of State use only
gnature: Mary Halverson, (signature required)	IDAHO SECRETARY OF STATE O7/27/2007 95:0 CK: 3825 CT: 214149 PH: 1827
inted Name: MARY HALVERSON apacity/Title: PRESIDENT (see instruction # 8 on back of form)	- IDAHO SECRETARY OF STATE - O7/27/2007 05:0 CK: 2025 CT: 214149 BH: 10676 1 0 25.00 = 25.00 ASSUM NAME