ILED EFFECTIVE



Printed Name: John

Capacity/Title: OWNER

(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.

Please type or print legibly. NOTE: See instructions on reverse before filing. 7004 AUG 20 AM 9: 69

SECRETARY OF STATE STATE OF TAKEO

The assumed business name which the undersign business is: PERFORMANCE VENDING	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Sohn L. Hodgins Bo	e entity or individual(s) doing Complete Address 3 S. GAROEN USE. ID. 83705
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 30hN Hodgins 3943 S. GARDEN BOISE, TO 83705	
 Name and address for this acknowledgment copy is (if other than # 4 above): 	503-701-037/
	Secretary of State use only
ignature told gins (signature required)	IDAHO SECRETARY OF STATE 88 29/2904 95:00

O8/20/2004 05:00 CK: 6514 CT: 158010 BH: 761878 1 0 25.00 = 25.00 ASSUM NAME # 2