

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.



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

Waxis Ice Cream

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

Name	Complete Address
<u>Sarah N. Atkinson</u>	<u>1750 Pines Rd E-4 Post Falls ID 83854</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Sarah N. Atkinson
1750 Pines Rd. E4
Post Falls ID 83854

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

Panhandle Area Council
11100 Airport Dr.
Hayden, ID 83835
ATTN: Kurt Smith

Signature: Sarah Atkinson

Printed Name: Sarah Atkinson

Capacity: Owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDAHO SECRETARY OF STATE

04/15/1998 09:00
CK: 1330 CT: 97354 DH: 181210

1 @ 20.00 = 20.00 ASSUM NAME

DI4002

Revision 2/97

g:\comp\information.pdf