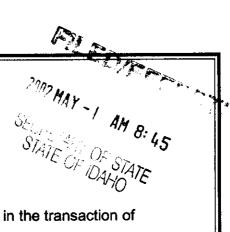


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



 The assumed business name which the unders business is: 	signed use(s) in the transaction of
BLOOMIN THINGS	
2. The true name(s) and <u>business</u> address(es) of	the entity or individual(s) doing
business under the assumed business name: Name	Complete Address
Michele C Wingert	PD Rox 149
TYTO	(00/1N ID 83821
3. The general type of business transacted under	r the assumed business name is:
Retail Trade Transportation ar Wholesale Trade Construction	id Fubiic Otilities
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
BIEGMIN THINGS	PO Box 83720 Boise ID 83720-0080
Michele Wingert	208 334-2301
POBOX 149 (601N 1D 8392)	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
COPY IS (if other than # 4 above).	(208) 443-0140
	Secretary of State use only
	88
	or reference of the second of
ignature:	formslabh forms
rinted Name: Michele Wingert	gitoopplomalabn formalabn pgs
apacity/Title: (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IDAHO SECRETARY OF STATI
(see instruction # 8 on back of form)	Inam acourties of the

10AHU SELKETART OF STATE 25/01/2002 05:00 CK: 35201 CT: 158010 BH: 462941 1 0 20.00 = 20.00 ASSUM NAME # 2

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