CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

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.

(stamp, right side) 98 DEC -4 AH 10:13 SECRETARY OF STATE STATE OF IDAHO **FILED**

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

   C and C's

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
Curtis D Weeks	281 Caswell Ave W #10 Twin Falls Id 83301
Claudine Weeks	281 Caswell Ave W #10 Twin Falls Id 83301

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

   [X] Retail Trade   [X] Manufacturing   [ ] Transportation and Public Utilities
   [X] Wholesale Trade   [ ] Agriculture   [ ] Finance, Insurance, and Real Estate
   [ ] Services   [ ] Construction   [ ] Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _208-733-6085_

   Curtis D Weeks
   281 Caswell Ave W #10
   Twin Falls Id 83301

   > 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

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

   _____

   _____

Signature: _Curtis R Weeks_

Printed Name: _Curtis D Weeks_

Capacity: _Owner (President)_
(see instruction # 8 on back of form)

Revision 1/98

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