



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED

(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.

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

Bonnet Gourmet Perfections

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>Clarice Summers</u>         |                                   |
| <u>David + Clarice Summers</u> | <u>1812 4th St So Nampa 83651</u> |
| <u>Tony + Julie Parent</u>     | <u>7284 Garder Ln Boise 83720</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 type="checkbox"/> Services                | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Clarice Summers + Julie Parent  
1115 12th Avenue South  
Nampa, Idaho 83651

Phone number (optional): 465-0516

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Clarice Summers

Printed Name: Clarice Summers

Capacity: General Partner

(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

IDAH0 SECRETARY OF STATE

10/26/1998 09:00  
CK: 3843 CT: 185846 BH: 156224

1 @ 20.00 = 20.00 ASSUM NAME

D19367

Revision 1/88

g:\corp\form\abn.p85