



# 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.

FILED EFFECTIVE

2003 OCT 10 PM 11:01  
STATE OF IDAHO  
SECRETARY OF STATE

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

SNACKER'S CHOICE

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

Name	Complete Address
<u>E. ALLAN HOWA</u>	<u>683 RIVERVIEW DR. TWIN FALLS 83301</u>
<u>CYNTHIA (CINDY) HOWA</u>	<u>(SAME)</u>

3. The general type of business transacted under the assumed business name is:

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

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

ALLAN HOWA  
680 BLUE LAKES BLVD. N.  
TWIN FALLS ID 83301-4035

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

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

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

Phone number (optional):

208 733 3476

Signature: [Signature]  
(signature required)

Printed Name: ALLAN HOWA

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn forms\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
10/01/2003 05:00  
CK: 5100 CT: 150010 BH: 704496  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 69363