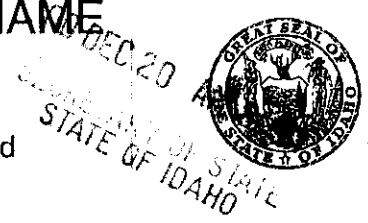


CERTIFICATE OF ASSUMED BUSINESS NAME

(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:

ESES Bistro

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>Sharon Secchiaroli</u>	<u>1047 Mountain Ave Coeur d'Alene ID 83814</u>
<u>Stacy Summers</u>	<u>3120 N 10th Place Coeur d'Alene ID 83815</u>

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

<input 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:

~~ESES~~ ESES Bistro
780 N Pines Rd #107
Post Falls ID 83854

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

Signature: Sharon M Secchiaroli
 Printed Name: Sharon M Secchiaroli
 Capacity: President

(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

12/20/2000 09:00
 CK: 2945 CT: 115427 DI: 367901

1 @ 20.00 = 20.00 ASSUM NAME # 2

D41298