

Signature: 1

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2002 AUG 15 AH 8: 49

Please type or print legibly. NOTE: See instructions on reverse before filing. SWIF OF STATE

The assumed business name which the undersigned use(s) in the transaction of business is: EAT N RUN Deli	
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 IDAHD Billie LLC Coccurd: Alene, Id. B3915 3. The general type of business transacted under the assumed business name is:	
Retail Trade	Submit Certificate 60 Assumed Business 7 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):	Phone number (optional): 208 667-1619
	Secretary of State use only
Signature: ONeil (signature required) Neil Capacity/Title: Newbor	IDAHO SECRETARY OF STATE 09/11/2002 05:00 CK: 1002 CT: 163415 BH: 487498

IDAHO SECRETARY OF STATE

09/11/2002 05:00

CK: 1002 CT: 163415 BH: 487498
1 0 20.00 = 20.00 ASSUM NAME # 5

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