



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.

2004 NOV 15 01:09:16
SECRETARY OF STATE
STATE OF IDAHO

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

MISSION CREEK STORE

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

Martin A Cole
Loni E Cole

HC 60 BOX 4000
HC 60 BOX 4000
Bonnerr's Ferry ID 83805

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

MISSION CREEK STORE
HC 60 BOX 4000
BONNERR'S FERRY, ID. 83805

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

HC 61 BOX 146
Bonnerr's Ferry
Idaho 83805

Signature: Loni E Cole

(signature required)

Printed Name: Loni E. Cole

Capacity/Title: Owner

(see instruction # 8 on back of form)

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):

208-267-5221

Secretary of State use only

DS1888

IDAHO SECRETARY OF STATE
11/15/2004 05:00
CK: NO CK # CT: 150010 BH: 776427
1 @ 25.00 = 25.00 ASSUM NAME # 2