

Capacity/Title: One of

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 11000 - 1 PH 12: 34

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

STATE OF TOAHO

| | The assumed business name which the undersigned business is; | I use(s) in the transaction of | |
|--------|--|--|-----|
| | CaRLA'S KITCHEN | : | |
| | The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name ARILYN Took | ntity or individual(s) doing Complete Address Box 89 GARAEN ALLEY 834 | 22, |
| | CARLA M. WRIGHT | | |
| 3. | The general type of business transacted under the a | ssumed business name is: | |
| | Retail Trade Transportation and Pub Wholesale Trade Construction | olic Utilities | |
| | Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$20.00 fee to: | |
| | The name and address to which future correspondence should be addressed: | Secretary of State 700 West Jefferson Basement West PO Box 83720 | |
| | PO BOX 89 GARDEN VALLEY IN 83622 | Boise ID 83720-0080 208 334-2301 | |
| 5. | Name and address for this acknowledgment | Phone number (optional): | |
| | COPY IS (if other than # 4 above): | | |
| | | Secretary of State use only | |
| Signat | sure: Arly Copressure required) | | |
| , - | d Name: MARILYN X: COK | IDAHO SECRETARY OF STATE 03/04/2003 95:00 CK: 4936 CT: 158818 95:00 | |

IDAHO SECRETARY OF STATE
03/04/2003 05:00
CK: 4938 CT: 158810 BH: 666396
1 0 20.00 = 20.00 ASSUM NAME # 2

D103/3/