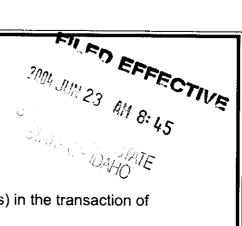


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



ELMER'S BREAKFAST.LUNCH.DINNER 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	
W 3/388	
Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: EARL T. COFFMAN	Secretary of State 700 West Jefferson Basement West PO Box 83720
851 S. 5TH AVENUE	Boise ID 83720-0080
POCATELLO, ID 83204	208 334-2301
5. Name and address for this acknowledgm copy is (if other than #4 above):	nent Phone number (optional):
	Secretary of State use only
signature: Asignature required)	IDAHO SECRETARY OF STATE G / 23 / 2004 05 = 06 CK: 32611 CT: 1188 BH: 751947 1 @ 25.88 = 25.88 ASSUM NAME #
rinted Name: **EARL T. COFFMAN	IDAHO SECRETARY OF STATE 96/23/2994 95:09
apacity/Title: MANAGER	CK: 32611 CT: 1188 BH: 751947

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