

Signature:_

Printed Name: ___

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

NOTE: See instructions on reverse before filing.

Great Harvest Bread Company	
The true name(s) and business address(es) of the business under the assumed business name:	ne entity or individual(s) doing
Name	Complete Address
Taste of the Good Life, LLC.	2106 N. Government Way
	Couer d'Alene, ID 83814
W42918	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 2106 N. Government Way	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
Coeur d'Alene, ID 83814	Boise ID 83720-0080 208 334-2301

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Teresa M Cipicchio

Member

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

99/26/2005 05:00

CK: 1413 CT: 158010 BH: 913399
1 0 25.00 = 25.00 ASSUM NAME # 2

FILED EFFECTIVE