



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

2002 JUN 28 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

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

SUGAR PINE COVE (IF)

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>SUGAR PINE COVE (IF)</u>	<u>2300 E. 17TH ST. IDAHO FALLS, ID</u>
<u>Theresa Basa</u>	<u>83404</u>

3. The general type of business transacted under the assumed business name is: (mark only those that apply)

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

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

Phone number (optional): (208) 522-7050

(SAME AS ABOVE)
SUGAR PINE COVE (IF)
2300 E. 17TH ST.
IDAHO FALLS, ID. 83404

Submit Certificate of Assumed Business 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):

Signature: Theresa Basa

Printed Name: Theresa Basa

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

056168

IDAHO SECRETARY OF STATE
06/28/2002 05:00
CK: NO CK # CT: 150010 BH: 474456
1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 12/99

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