Printed Name: FRA

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

08 AUG 14 AM 8: 46

submits for filing a certificate of Assumed Bu	
Please type or print legibly.  NOTE: See instructions on reverse before	e filling.
1. The assumed business name which the under business is:  COMES A TIME CHIMNE	
The true name(s) and business address(es) of business under the assumed business names.     Name	of the entity or individual(s) doing : Complete Address
FRANK SWEENEY	P.O. Box 1/24 DRIGGS, ID 83422
The general type of business transacted under the second sec	er the assumed business name is:
Retail Trade Transportation as Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
FRANK SWEENEY P.O. BOX 1124 DETGGS, TO 93422	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):	Phone number (optional):
SAME AS ABOVE	Secretary of State use only
nature: 14	•

08/14/2008 05:00 CK: 228 CT: 158010 BH: 1131586 1 8 25.00 = 25.00 ASSUM NAME # 2

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