Signature:

Printed Name: Sonic

Capacity: manager

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

(i loads type of print legibly	y. See instructions on reverse.)
To the SECRETARY OF STATE S	TATE OF IDAHO
1. The assumed business name which the business is:  Sunset Strp	e undersigned use(s) in the transaction of
2. The true name(s) and business address business under the assumed business name  Sonja Rey  Sonja Rey	e(es) of the entity or individual(s) doing name is/are:  Complete Address  GOZ Zon St So  Nampa ID & 3686
3. The general type of business transacted (mark only those that apply)  Retail Trade Manufactur Myholesale Trade Agriculture Construction	ing Transportation and Public Utilities Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:  -107 70+h Sonja Rey	Phone number (optional):  Submit Certificate of
102 20th & So Nampa 10 83686	Assumed Business Name and <b>\$20.00</b> fee to: Secretary of State
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above):</li> </ol>	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE

11/21/2000 09:00 CK: 375 CT: 138791 BH: 362282

1 8 20.00 = 20.00 ASSUM NAME # 2

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