## **FILED EFFECTIVE**



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

09 JUN 10 AM 8: 36

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before fill  1. The assumed business name which the undersignations is:	gned use(s) in the transaction of	
Cup of Joe at Will  2. The true name(s) and business address(es) of the business under the assumed business name:  Name  W.D.W.G.T.T.V  (C147303)  Sh		
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  ### ### ### ### ### ### ############	•	
5. Name and address for this acknowledgment copy is (if other than # 4 above):  nature:    Comparison required	Secretary of State use only  IBANO SECRETARY 0	F STATE

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