



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

FILED/EFFECTIVE

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

MT. MAN NUT & FRUIT CO.

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>JOANNE HILLS</u>	<u>2162 OAKWOOD CT. T.F. ID. 83301</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): _____

JOANNE HILLS
2162 OAKWOOD CT.
TWIN FALLS, ID. 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Signature: Joanne Hills

Printed Name: JOANNE HILLS

Capacity: Joanne Hills owner

(see instruction # 8 on back of form)

Revision 1/98

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Secretary of State use only

IDAHO SECRETARY OF STATE

09/14/2000 09:00
CK: 106 CT: 135997 DH: 348287

1 @ 20.00 = 20.00 ASSUM NAME # 2

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