Capacity:

(see instruction # 8 on back of form)

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 411 9: 22

	of an Assumed Business Name.
 The assumed business name which business is: 	n the undersigned use(s) in the transaction of
Dumplings	
The true name(s) and business add business under the assumed business.	dress(es) of the entity or individual(s) doing ess name is/are:
KATNY Neeley	Complete Address 617 FREMONT - P.O. Rox 466
	ASHTON Idaho
	83420
The general type of business transa (mark only those that apply)	acted under the assumed business name is:
Wholesale Trade Agricu	facturing
4. The name and address to which future correspondence should be address.	(
P.O 466	Submit Certificate of Assumed Business
	Name and \$20.00 fee to:
Astron Id 8342	Secretary of State 700 West Jefferson
5. Name and address for this acknowle	edgment Basement West
CODY is (if other than # 4 above).	PO Box 83720 Boise ID 83720-0080
	208 334-2301
	Secretary of State use only ** IDAHO SECRETARY OF STATE
2 0 1	IDAHO SECRETARY OF STATE 10/23/2000 09:00 CK: 86299332265 CT: 137550 BH: 356209
ature: Turky Decley	1 0 20.00 = 20.00 ASSUM NAME # 2
ed Name: Karry Nee ley	
acity: Owner	— Jeg D 39905