

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

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The Confection Cafe	
2. The true name(s) and business address(e business under the assumed business name Name Thomson Ventures, Inc.	es) of the entity or individual(s) doing me: Complete Address 7685 Blackhawk Drive, Idaho Falls, ID 83406
3. The general type of business transacted up. Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Thomson Ventures, Inc.	n and Public Utilities Submit Certificate of Assumed Business
7685 Blackhawk Drive Idaho Falls, ID 83406	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than #4 above): Samuel R. Torgesen 	ent Phone number (optional):
2235 East 25th Street, Suite 290 Idaho Falls, ID 83404	Secretary of State use only
rinted Name:	IDAHO SECRETARY OF STAT OF STAT