



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.

2003 JUN 25 PM 12:50

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

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

Caffe Libro

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Tracy Swanson

3060 N. Precept Ct Post Falls, ID 83854

Hannah Swanson

3060 N. Precept Ct. Post Falls, ID 83854

Lauren Swanson

3060 N. Precept Ct. Post Falls, ID 83854

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Caffe Libro

3060 N. Precept Ct.

Post Falls, ID 83854

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

Phone number (optional):

(208) 777-4041

Submit Certificate of
Assumed Business
Name and ~~\$20.00~~ fee to:
25.00

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

067273

Signature: [Signature]

(signature required)

Printed Name: Tracy Swanson

Capacity/Title: Managing Member

(see instruction # 8 on back of form)

g:\corp\forms\labn\formslabn.pdf
Revised 09/2002

IDAHO SECRETARY OF STATE
07/22/2003 05:00
CK: 1027 CT: 158010 BH: 692229
1 @ 25.00 = 25.00 ASSUM NAME # 2