Signature: C

Printed Name: ___

(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2003 MAY -5 AH 8: 23

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. STATE

business is: Country Choice Pizza	
The true name(s) and business address(es) of business under the assumed business name: Name	Complete Address
LEMOD INC. C109420	301 N. Whitley DR. Fruitland, IDAHO 83619
The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Fruitland. IDAHo 83619 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):

IDAHO SECRETARY OF STATE

95/96/2993 95:99

CK: 5739 CT: 88971 BH: 678943

1 8 25.88 = 25.88 ASSUM NAME # 2