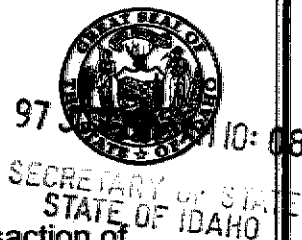


CERTIFICATE OF ASSUMED BUSINESS NAME

(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.



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

Donna M. Evans and Mark K. Evans dba Full Moon Espresso

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>Donna M. Evans</u>	<u>518 E. 2nd, Post Falls, ID 83854</u>
<u>Mark K. Evans</u>	<u>518 E. 2nd, Post Falls, ID 83854</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input 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 checked="" 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): _____

Donna M. Evans and Mark K. Evans dba Full Moon Espresso
518 E. 2nd
Post Falls, ID 83854

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

U.S. Bank of Idaho
P.O. Box 1029
Post Falls, ID 83854

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

Secretary of State use only

IDAHO SECRETARY OF STATE

06/27/1997 09:00
 CK: 3991 CT: 15943 BH: 16581

1 @ 20.00 = 20.00 ASSUM NAME

Signature: [Signature]

Printed Name: Donna M. and Mark K. Evans

Capacity: Owners

(see instruction # 8 on back of form)

D 5880