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CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

SECRETARY OF STATE, STATE OF IDAHO **J** 5 Pursuant to Section 53-504, Idaho Code, the undersigned 59 PH 100 To the SECRETARY OF STATE, STATE OF IDAHO

gives notice of adoption of an	n Assumed Business Name.
The assumed business name which the business is: PEPPER'S	undersigned use(s) ฯักฟุ e transaction of
The true name(s) and business address business under the assumed business r	• • • • • • • • • • • • • • • • • • • •
ROBER+ SLEE	<u>Complete Address</u> 630ら PoMONA RD.
	BoisE, ID 83704
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional):
LEPPER'S 6305 POMONIA RD.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Roise, ID. 83704 5. Name and address for this acknowledge	Secretary of State 700 West Jefferson ment Basement West
COPY 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
gnature: Sum	IDAHO SECRETARY OF STATE 97/96/2999 99:09 CK: 3744 CT: 112978 BH: 331545
inted Name: ROBERT SLEE	1 0 20.00 = 20.00 ASSUM NAME # 2 . ଞ୍ଜି
apacity: OWNER (see instruction # 8 on back of form)	- 99d ungrisumojiduo 10 37/84
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