Capacity:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

	The assumed business name which the und business is:  The Chill House	dersigned use(s) in the transaction of
2.	The true name(s) and business address(es) business under the assumed business nam  Name  Timothy C. Norem	, , , , , , , , , , , , , , , , , , , ,
		Harrison, I.D. 83833
3.	The general type of business transacted un (mark only those that apply)	der the assumed business name is:
•	Retail Trade	Transportation and Public Utilities Finance, Insurance, and Real Esta Mining
4.	The name and address to which future correspondence should be addressed:  Timothy C Norm  26508 South Hwy 97	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
	'	Secretary of State
5.	Harrison, 17 83833  Name and address for this acknowledgmen copy is (if other than # 4 above):	700 West Jefferson

10/29/2001 05:00 CK: 1734 CT: 126335 BH: 426760 1 0 20.00 = 20.00 ASSUM NAME # 2

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