## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFPECTIVE

submits for filing a certificate of Assumed Busines	dersigned IOMAR 15 AM 8: 17
Please type or print legibly. NOTE: See instructions on reverse before fili	OF OF STREET, ACT AT A THE
The assumed business name which the undersign business is:      Oonge 5 Coff 5	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Bonnie STACG  Bu	
3. The general type of business transacted under the	the second of th
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgment	(208) 334-2301
copy is (if other than # 4 above):	
ignature: Donnie Stac	Secretary of State use only
(signature relative)	
Signature: Donne Stac Printed Name: Bonne Stace Capacity/Title: OWNER	IDAHO SECRETARY OF STATE

137658

(see instruction # 8 on back of form)