Signature: \

Capacity: President

Printed Name: Cinda L. Abramowski

(see instruction # 8 on back of form)

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 - 2 FM ID: 17 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: Zeppes Pizza and Subs 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Pizzaz Pizza, Inc. 215 Main Street Gooding, Idaho 83330 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): correspondence should be addressed: Cinda Abramowski Submit Certificate of Assumed Business c/o Pizzaz Pizza, Inc. Name and \$20.00 fee to: 215 Main St. Gooding, ID 83330 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 C. Tom Arkoosh, Esq. 208 334-2301 P.O. Box 32 Secretary of State use only IDAHO SECRETARY OF STATE Gooding, Idaho 83330

12/02/1999 **09:00** CK: 7120 CT: 123616 BH: 270470

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