Capacity:

Owner

(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 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: CABIN FEVER PIZZA & TREATS 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 GARY MEUSER 965 E. USTICK Rd Meridian I 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 Construction Services Minina 4. The name and address to which future Phone number (optional): ___ correspondence should be addressed: GARY MENSER Submit Certificate of 965 E. Ustick Rd Assumed Business Name and \$20.00 fee to: Meridian, ID 83642 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 208 334-2301 Secretary of State use only IDANO SECRETARY OF STATE 07/08/1997 09:00 CK: 2830 CT: 83945 BH: 19801 1 @ 20.80 = 20.00 ASSUM HAME Printed Name:

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