

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE 07 DEC 27 AM 8: 37

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

he true name(s) and business address(es) of the usiness under the assumed business name: Name	ne entity or individual(s) doing Complete Address
Riverbend Coffee House, L.L.C	PO Box 3904, Halley, ID 83333
The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Riverbend Coffee House and Tea Cafe	
PO Box 3904 Hailey, ID 83333	,
Name and address for this acknowledgment copy is (if other than #4 above).	
	Secretary of State use only
ture: (signatula required) d Name: Michelle Kukurin	D//779 IDAHO SECRETARY OF STA 12/27/2007 65 CK: 3888 CT: 135698 PM-