Capacity: OLDNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)
To the SECRETARY OF STATE, STATE OF IDAHO Office of STATE, STATE OF IDAHO Office of STATE of IDAHO Office of STATE of IDAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is: CHICKEN SOUP Bakery + Deli
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address MicHeal Grimm G905 W/ Havser LK RD Box U Post Falls ID 83854
3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade
Correspondence should be addressed: MicHeal Crifficate of Assumed Business Name and \$20.00 fee to: Rost Falls ID, 83854 Secretary of State 700 West Jefferson
5. Name and address for this acknowledgment copy is (if other than # 4 above): Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only
Signature Mathod Lum CK: 985781691 CT: 137745 BH; 357813
Printed Name: Micheal (Rivin) 1 20.00 = 20.00 ASSUM NAME # 2

1 0 20.88 = 28.80 ASSUM NAME # 2

D 40036