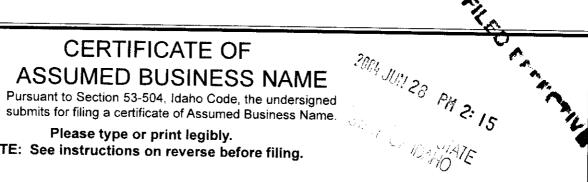


NOTE: See instructions on reverse before filing.



1. The assumed business name which the ubusiness is: COLD STO	NE CREAMERY	
2. The true name(s) and business address(es) of the entity or inconsiness under the assumed business name: Name SIMONS SENSATIONS, LLC (w-19034) 475 YELLOWSTONE BECKY SIMONS 475 YELLOWSTONE		S A , POCATELLO
3. The general type of business transacted uses a large and the second s	der the assumed business na and Public Utilities Submit Certificate Assumed Busines Name and \$25.00	of es
4. The name and address to which future correspondence should be addressed: BECKY SIMONS 475 YELLOWSTONE SUITE A POCATELLO, ID 83201	Secretary of State 700 West Jefferso Basement West PO Box 83720 Boise ID 83720-00 208 334-2301	n
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nt Phone number (opt	tional):
	Secretary of Stat	te use only
gnature: Suky Livier (signature required) inted Name: BECKY SIMONS apacity/Title: OWNER	E \$ 100/29	SECRETARY OF STATE /2004 05:00 CT: 158010 BH: 75292

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