

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Namen 37 FEB 24 AM 9: 44

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

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1. The assumed business name which the und business is: Carolina's	STATE OF STATE STATE OF IDAHO Jersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Carol Glenn Hill	of the entity or individual(s) doing e: <u>Complete Address</u> <u>516 (grandview Drive</u> <u>Twin Falls, ID 83301</u>
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Carol G Hill Sib Grandview Dr. Twin Falls, ID 8330	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t Phone number (optional): 208 735 129 2
Signature:	Secretary of State use only Secretary of State use only IDANO SECRETARY OF STATE O2/24/2003 05:00 CK: 793 CT: 158010 BH: 664534 1 8 28.88 = 28.80 ASSUM NAME # 2