CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2003 007 20 PM 2: 49 submits for filing a certificate of Assumed Business Name.

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

STATE OF IDAHO

The Frustrated Cook	
he true name(s) and business address(es) of usiness under the assumed business name:	
Name	Complete Address
Patricia J. Dinning	HC 60 Box 2800 Bonners Ferry, ID 83805
Neil L. Dinning	HC 60 Box 2800 Bonners Ferry, ID 83805
The general type of business transacted under Retail Trade Transportation and Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
Patricia J. Dinning	PO Box 83720
HC 60 Box 2800	Boise ID 83720-0080
Bonners Ferry, ID 83805	208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-267-0826
COPY 15 (If other man # 4 above).	
	Secretary of State use only
ed Name: Park (L.D. Manual) acity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF 10/20/2003 CK: 102040975369PAN CT: 172

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