



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2003 JUL 24 PM 12:49

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

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

FAB WORKS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>THOMAS N. ADAMS</u>	<u>28124 HOP ROAD CALDWELL, ID, 83607</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and ~~\$20.00~~ fee to:
25.00

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

28124 HOP RD
CALDWELL, ID 83607
THOMAS N. ADAMS

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):
(208) 866-5892

Signature: Thomas N. Adams
(signature required)

Printed Name: THOMAS N. ADAMS

Capacity/Title: OWNER
(see instruction # 8 on back of form)

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Revised 09/2002

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/24/2003 05:00
CK: 1038 CT: 150010 BH: 692805
1 @ 25.00 = 25.00 ASSUM NAME # 2