

Capacity/Title: Owner

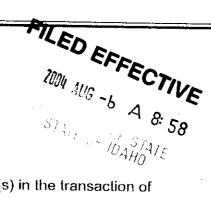
(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



 The true name(s) and business address business under the assumed business 	s name:
Name <u>Karen A. LaBombard</u>	Complete Address
Thomas K. LaBombard	728 7th AV. Lewiston, Id. 83501
3. The general type of business transacte	ed under the assumed business name is:
Wholesale Trade 🔲 Construc	
X Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Assumed Business
4. The name and address to which future correspondence should be addressed:	
Karen A. LaBombard 728 7th Av.	PO Box 83720 Boise ID 83720-0080 208 334-2301
Lewiston, Id. 83501 5. Name and address for this acknowled	
~~~···!~	(208)743-3231
COPy IS (if other than # 4 above).	

IDAHO SECRETARY OF STATE **08/06/2004 05:00**1418644121 CT: 158818 BH: 759487