

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersign 20 7 20 AM 9: 51 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the undersigned business is:	ed use(s) in the transaction of
Hippy Sampex	Antisan
'''/	
The true name(s) and business address(es) of the business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Damy/ Sampey 217	2 W 4 + 1/PO BOX 154
CI	avk TN 83811
	11/ 400 /
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Sample Y P O B D 15 7	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Clark Fork, ID83811	200 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	208/691-4694
	Secretary of State use only
mature: Dayl Sam Rey	*****

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IDAHO SECRETARY OF STATE 10/20/2003 05:00 CK: 1849 CT: 158810 BH: 787350 1 8 25.00 = 25.00 ASSUM NAME # 2

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