



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2003 NOV 17 PM 2:09

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:

4 Bees Creations

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

Beverly E. Bockman

1750 N. Havichur Ln., Post Falls, ID.

Robert H. Bockman

Same as above 83854

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

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

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

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

Bob and Bev Bockman

1750 N. Havichur Loop

Post Falls, ID - 83854

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

Phone number (optional):

208-773-5384

Secretary of State use only

Signature: Beverly E. Bockman
(signature required)

Printed Name: Beverly E. Bockman

Capacity/Title: partner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/17/2003 05:00
CK: 7685 CT: 158010 BH: 712161
1 @ 25.00 = 25.00 ASSUM NAME # 2

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