

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.

FILED EFFECTIVE

09 NOV 13 AM 11: 41
SECRETARY OF STATE
STATE OF IDAHO

2. The true name(s) and business address(estate business under the assumed business name Name Sacah Ribaris	ne:	entity or individual(s) doing Complete Address 1st AUC N Payette	ID83W
3. The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction	n and Pu		
 Wholesale Trade		Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Bolse ID 83720-0080 (208) 334-2301	
5. Name and address for this acknowledgm copy is (if other than #4 above):	ent	(200) 334-2301	
Signature: (signature required) Printed Name: Sarah R David Capacity/Title: (see instruction # 8 on back of form)	g:\corp/forms\abn forms\abn.p65 Ravised 04/2003	IDAHO SECRETA 11/13/206 CK: CASH CT: 1588 1 8 25.88 = 25.8	

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