

CERTIFICATE OF ASSUMED BUSINESS NAME

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

(see instruction # 8 on back of form)

FILED EFFECTIVE

2005 FEB - 1 AM 8: 50

L HETARY

Please type or print legibly. NOTE: See instructions on reverse before filing.	STATE OF IDAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name Sybit Mabbs 3/0/	complete Address Hickory Abi Fraithand I (
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Sabit Mabbs 1729 Hickory AUE Fruitland, ID 83619	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: Sybil Mabb S Printed Name: Sybil Mabb S Capacity/Title: Wall Old C	IDAHO SECRETARY OF STATE O 2 / O 1 / 2005 O 5 = 00

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