

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME FILED EFFECTIVE
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name. | | JUN | 3 AM 9: 38

Please type or print legibly.

Instructions are included on back of application.

SECRE BY OF STATE

The assumed business name which the undersign	STATE OF IDAHO ned use(s) in the transaction of
business is: BIBA'S GIFT	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:     Name     NZIBRA BIBA MBENZA-NGOM.	Complete Address
3. The general type of business transacted under th  Retail Trade Transportation and F  Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  NZIBRA MIBENZA-NGOMA  5TLE MANGO DR.  EAGLE ID 83616	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Nativa Mbeus - Umo	Secretary of State use only
Printed Name: NZIBRA B. MRENZA-Capacity/Title: OWNER NGOMA	
Signature:	
Printed Name:	IDAHO SECRETARY OF STATE 96/14/2011 95:00
Capacity/Title:	CK: 1629 CT: 259784 BH: 1278260

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