Printed Name: ____

Capacity/Title: OWNEK

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

The assumed business name which the undersigned business is:	
LAURA ENTERPR	15E
The true name(s) and <u>business</u> address(es) of the elebusiness under the assumed business name: Name Noseph B Horrman 33 Vanice P Horrman Mi	entity or individual(s) doing Complete Address
The general type of business transacted under the a	
Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 3305 BRADEN LN. NAMPA, ED 83686	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
gnature: A Los frances	CONTRACTOR OF CTATE

IDAHO SECRETARY OF STATE

02/05/2004 05:00

CK: 8766 CT: 158810 BH: 725643
1 8 25.00 = 25.00 ASSUM NAME # 2