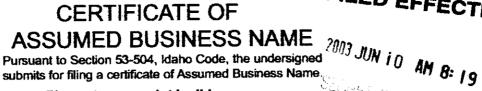
CERTIFICATE OF



PILED EFFECTIVE

Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF IDAHO

SACEBRUSH ENTERPRISES 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 GABE HOLM QUIST 524 HIAUFAH DR FACUE, 100410 83616	
3. The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining	***
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: GABE HOLMQUIST 524 HIAVEAH DR	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

Signature:__ Printed Name:

Capacity/Title: owner

(see instruction # 8 on back of form)

IDANO SECRETARY OF STATE

96/19/2003 05:00

CK: 1522 CT: 158810 BH: 685238
1 0 25.00 = 25.00 ASSUM NAME # 2

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