

CERTIFICATE OF **ASSUMED BUSINESS NAME**

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

2007 MAY -3 AN 10: 03

Please type or print legibly. NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO
The assumed business name which the undersigned business is:	d use(s) in the transaction of
Downstream Plumbing	
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name Zacatias Fabela, Allism Fabla 674 SYKES Pr 67 IJato Fall S.F.D 83401 IJa	Complete Address
3. The general type of business transacted under the	assumed business name is:
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: Zacarias Fabela 674 SYkes Pr TJaHo Falls, IP 83401 5. Name and address for this acknowledgment copy is (if other than #4 above): Zacarias Fabela	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 Phone number (optional): 208 403 - 2315
674 SVKes Pr	Secretary of State use only
Signature: <u>Bacases Skela</u> Printed Name: <u>Zacarias Fabela</u> Capacity/Title: <u>Zacarias Fabela</u> (see instruction 8 on back of form)	IDAHO SECRETARY OF STATE

CX: 2571 CT: 158018 BH: 1051368 1 8 25.88 = 25.88 ASSUM NAME # 2

