



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

JUL 31 PM 3:05
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Sewform. ~~XXXXXXXXXX~~

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

~~XXXXXXXXXX~~ 195 North 2nd West
~~XXXXXXXXXX~~ Mtn Home, IDAHO,
LINDA GIBSON 83647

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional):

Linda Gibson
4804 D Roosevelt Place
MHAFB, ID, 83648

Submit Certificate of
Assumed Business
Name and \$20.00 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):

SEWFORM
P.O. Box 1393
Mtn. Home, ID, 83647

Signature: Linda Gibson

Printed Name: LINDA J. GIBSON

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
07/31/2001 05:00
CK: 1189 CT: 149513 BH: 410989
1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 12/99
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