



# CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED ACTIVE  
2004 MAR 15 PM 12:49

SECRETARY OF STATE  
STATE OF IDAHO

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

SABERKY

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

Name

STEPHEN E. SABO

Complete Address

7202 MAIN ST., PO BOX 321, BONNERS FERRY

IDAHO, 83805

3. The general type of business transacted under the assumed business name is:

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

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

STEPHEN E. SABO

DBA SABERKY

PO BOX 321, BONNERS FERRY, ID 83805

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):

208-267-7218

Secretary of State use only

Signature:

*Stephen E. Sabo*  
(signature required)

Printed Name:

STEPHEN E. SABO

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

6:55:00 PM 03/16/2004  
Download 04/22/03

D74194

IDAHO SECRETARY OF STATE  
03/16/2004 05:00  
CK: 1838 CT: 150010 BH: 733237  
1 @ 25.00 = 25.00 ASSUM NAME # 2