CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
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 104 144 154 154 154 154 154 154 154 154 15	
 The assumed business name which the undersigned use(s) in the transaction of business is:	
Connie M. TAbor	Complete Address 680 West 350 NORTH
Darrell L. Tabor	Blackfoot Id 83221
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacturing Transportation and Public Utilities ¹ Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining	
The name and address to which future Phone number (optional): correspondence should be addressed:	
680 HEST 350 NORTH	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
· ————————————————————————————————————	Secretary of State use only 12/18/1997 09:00
Signature Sance Maker	CK: 9326 CT: 91341 BH: 64992 1 0 20.00 = 20.00 ASSUM NAME
Printed Name: CONNIE M. TABOK	910567
Capacity: Owner	O1006
(see instruction # 8 on back of form)	[5