



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

2005 JAN 14 PM 2:39

SECRETARY OF STATE
STATE OF IDAHO

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

LBI

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

Name

Justine Savage
TRACY Savage

Complete Address

2192 Candlewood Ave
Twin Falls, ID
83301

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" 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:

2192 Candlewood Ave
TF 83301

Submit Certificate of
Assumed Business
Name and ~~\$25.00~~ fee to:
\$ 25.00

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):

Signature: Justine Savage
(signature required)

Printed Name: Justine Savage

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\stat\forms\labn.p65
Revised 09/2002

Secretary of State use only

IDaho SECRETARY OF STATE
01/14/2005 05:00
CK: 32007205 CT: 158010 BH: 787472
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 83381