

CERTIFICATE OF ASSUMED BUSINESS NAME MAY 2

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly. Please type or print legibly. STATE OF DAYATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: HOPE ENTERPRISES	
business under the assumed business name: Name SABINAL FONARD	ne entity or individual(s) doing Complete Address 3760 SKYVIEW LN, JULIAETTA ID 83535
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: SABINA LEONARD 13760 SKYVIEW LN JULIAETTA, ID 83535 5. Name and address for this acknowledgment copy is (if other than # 4 above).	e assumed business name is: Public Utilities 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): 208-276-3788
	Secretary of State use only

Signature:

(signature required)
SABINA LEONARD Printed Name:

Capacity/Title: OWNER (see instruction # 8 on back of form) 9 \conpitomistabn furms/abn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE

96/04/2003 05:00

CK: 2844 CT: 158010 BH: 684113

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