

# 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.**

2001 JAN 22 AM 9:14  
STATE OF IDAHO

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

DAVIS Recoveries

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

Name  
Sabrina G. Davis

Complete Address  
PO Box 153  
Richfield, ID  
83349

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

Retail Trade

Transportation and Public Utilities

Wholesale Trade

Construction

Services

Agriculture

Manufacturing

Mining

Finance, Insurance, and Real Estate

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

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

SABRINA G. DAVIS  
PO Box 153  
Richfield, ID 83349

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):

DAVIS Recoveries  
Sabrina G. Davis  
PO Box 153  
Richfield, ID 83349

Phone number (optional):

208-487-3688

Secretary of State use only

Signature: Sabrina G. Davis  
(signature)

Printed Name: Sabrina G Davis

Capacity/Title: Owner

(see instruction # 8 on back of form)

D72358

IDAHO SECRETARY OF STATE  
01/22/2004 05:00  
CK: 4971 CT: 158010 BH: 723834  
1 @ 25.00 = 25.00 ASSUM NAME # 2