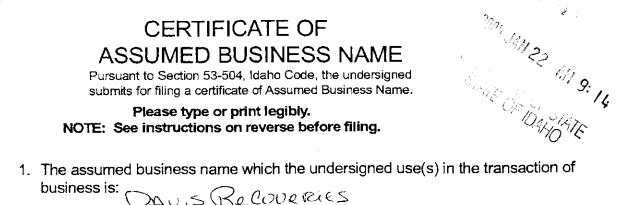
CERTIFICATE OF ASSUMED BUSINESS NAME

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.



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 Ricubie Id, TD 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 BOX153 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 CODY IS (if other than #4 above).

DAUS RECOVERIES Sabizina G. Davis PO Box 153 Richfield ID 83349

Labura a Dairo Signature:

Printed Name: SAbrana G Dowis

Capacity/Title: Owner

(see instruction # 8 on back of form)

Phone number (optional):

208-487-3688

Secretary of State use only

12358

/22/2004 05:00 4971 CT: 158010 BH: 723834 25.00 ASSUM HAME # 2