



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2005 MAY 16 10:10:02

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

War Chief Ent.

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

Name	Complete Address
<u>ROBERT A. LABRIE</u>	<u>902 E. COURT ST</u>
	<u>WEAVER, IDAHO</u>
	<u>83720</u>

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

- | | |
|--|---|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

902 E. COURT ST.
WEAVER, IDAHO
83720

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Signature: Robert A. Labrie
(signature required)

Printed Name: ROBERT A. LABRIE

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\ccpforms\abn forms\abn.p65
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
05/17/2005 05:00
CK: 2062 CT: 150010 BH: 810010
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 87808