

Signature_X

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

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

2001 MAR 12 AM 9: 20

Please type or print legibly. NOTE: See instructions on reverse before filing.

MATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: The J (reu) 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 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$2000 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** lex Garcia PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above): Secretary of State use only

> IDAHO SECRETARY OF STATE CT: 158010 BH: 732632 25.00 ASSUM NAME # 2