FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

04 MOV 30 PM 12: 45

SECRE OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form)

2. The true name(s) and business address(es) of the business under the assumed business name: Name Peter and Jebra Janes	Complete Address ENRIGHEN Ampa, Id 83687
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: First Impressions 3529 Evergreen Aum (a) The Sales T	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 -463-7701
gnature:	Secretary of State use only IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE
11/30/2004 05 = 00
CK: 2881 CT: 158010 BH: 779823
1 0 25.00 = 25.00 ASSUM NAME # 2

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